

171
City of



Salisbury

REPORT

by the

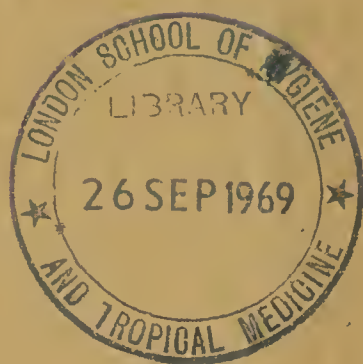
DICAL OFFICER OF HEALTH

for the year

1954 - 1955



71268



A N N U A L R E P O R T
OF
T H E M E D I C A L O F F I C E R O F
HEALTH:
1954/1955.

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VITAL STATISTICS.

(Throughout this report the previous year's figures are shown in parenthesis).

The principal vital statistics for the Municipal year 1954/55, are as follows :-

	Asiatics &			
	<u>Europeans.</u>	<u>Coloureds.</u>	<u>Africans.</u>	<u>Total.</u>
Population.	35,000 (34,000)	3,700 (3,000)	90,885 (86,558)	130,085 (123,558)
Birth Rates.	18,28 (21,470)	36.2 (49,0)	-	-
Infant Mortality	16,94 (23.29)	22.3 (61.2)		
Death Rates.	5.83 (5.94)	3.51 (7.33)		

1. POPULATION.

<u>EUROPEANS.</u>	<u>ASIATICS AND COLOURED.</u>	<u>AFRICANS.</u>	<u>TOTAL.</u>
35,000 (34,000)	3,700 (3,000)	90,885 (86,558)	130,085 (123,558)

AFRICANS IN EMPLOYMENT.

73,410
(69,915)

The figures for 1954/55 are estimated in the case of Europeans, Coloureds and Asiatics by the Central African Statistical Office, and in the case of Africans and Africans in Employment by the Department.

The increase in European population within the City appears to be steady, but is not spectacular.

A considerable proportion of new residents to this part of Southern Rhodesia are for various reasons finding residential accommodation in the peri-urban areas of Salisbury. However, it seems clear that there is now a gradual realization of the financially unsound basis of such development in transport costs to the individual, and the high per capita costs to the authorities of the provision of essential services. Provided the City Council and the Government can make available adequate suitable land for all types of required residential development, in addition to the privately owned land available within the Commonage boundary, there is likely to be a more rapid increase of the European population in Salisbury City. It is believed that this could be done by the better use of what may be termed "waste space" within the City boundaries without interfering with the provisions/



provisions of suitable open spaces.

The following table, although the figures for Africans include only "Africans in Employment", provides an interesting picture of the trend of the population increases in Salisbury since the year 1936 :-

	C E N S U S F I G U R E S:							
	1936	1941	1946	1951	1952 (Esti- mated)	1953 (Esti- mated)	1954	1955.
Europeans.	9,422	14,630	15,531	27,700	29,000	32,000	34,000	35,500
Asiatics & Coloureds.	1,231	1,544	1,686	2,620	2,751	2,800	3,000	3,700
Africans in Employment.	17,598	26,609	36,873	60,000	63,000	66,165	69,915	73,410
Ratio Euro- peans to Africans.	1:1.86	1:1.80	1:2.37	1:2.16	1:2.17	1:2.07	1:2.06	1:2.06
European Population - Increase over previous census figures.	16.3%	54.95%	6.2%	78.4%	-	-	-	-
African Population - Increase over previous census figures.	34.8%	51.3%	38.7%	82.7%	-	-	-	-

2. BIRTH AND BIRTH RATES:

During the year 1954/55, the following births were registered :-

Europeans.	649	(730)
Asiatics and Coloureds.	134	(147)

There were 81 fewer European births this year than last year. Asiatic and Coloured births were 13 less than in the preceding year.

Of the European births, 332 were males and 317 females. Eight sets of twins were registered.

Of the 134 Asiatic and Coloured births, 68 were males and 66 females. One sets of twins was registered.

The crude birth rate is the number of births per 1,000 of the total population and for the year under review is as follows :-

Europeans.	18,281	(21,470)
Asiatics and Coloureds.	36.21	(49.0)
Europeans, Asiatics and Coloureds combined.	19.97	(23.70)

African births are not registered, therefore, it is impossible to provide figures of births, birth rates and infant mortality rates for this section of the population.

Infant Mortality /-

3. INFANT MORTALITY.

	<u>Europeans.</u>	<u>Asiatics and Coloureds.</u>
Number of deaths under one year of age.	11 (17)	3 (9)
Infant Mortality rate, i.e. number of deaths of infants under one year per 1,000 live births.	16.94 (23.29)	22.3 (61.2)

The following table gives the causes of death of infants under one year :-

	<u>Europeans.</u>	<u>Asiatics and Coloureds.</u>
Prematurity	7	2
Atelectasis Neonatorum.	2	-
Whooping Cough.	1	-
Broncho-Pneumonia.	-	1
Meningococcal Septicaemia.	1	-
	<u>11</u>	<u>3</u>

Of the 11 European Infant deaths registered, 9 were neonatal deaths, i.e. deaths occurring within the first four weeks of life. Of these 9 neonatal deaths, seven were due to Prematurity. Of the three Asiatic and Coloured infants who died, 2 were neonatal deaths, both of which were due to Prematurity.

The European Infant Mortality rate is appreciably lower than last year. Though very encouraging it is difficult to find an explanation for this reduction and it will be interesting to observe whether this satisfactory trend is maintained in future years.

The Asiatic and Coloured Infant Mortality rate shows a very marked fall as compared with last year's figure, and is the lowest rate for this section of the population over the last ten years. It is hoped that this satisfactory state of affairs will continue.

4. DEATHS AND DEATH RATES:

Europeans.

The total number of European deaths registered was 207 (203), the death rate per 1,000 of the population being 5.83, (5.95). This is an increase of 4 over last year's figures.

The main causes of death were :-

Diseases of the circulatory system.	56
Carcinoma.	49
Intracranial lesions of vascular origin.	22
Diseases of Respiratory System.	10
Deaths from violence - suicide & accidents.	18

Of the 56 deaths from diseases of the circulatory system, 38 were due to coronary artery disease.

Asiatics and Coloureds.

The total number of Asiatic and Coloured deaths registered was 13 (22), the death rate per 1,000 of the population being 3.51 (7.33).

TABLE OF CAUSES OF DEATH FOR THE YEAR ENDED 30.6.1955.

<u>Disease.</u>	<u>Europeans.</u>			<u>Asiatics.</u>			<u>Coloureds.</u>		
<u>INFECTIOUS AND PARASITIC.</u>	<u>M.</u>	<u>F.</u>	<u>C.</u>	<u>M.</u>	<u>F.</u>	<u>C.</u>	<u>M.</u>	<u>F.</u>	<u>C.</u>
Whooping Cough.	-	-	1	-	-	-	-	-	-
Pulmonary Tuberculosis.	1	-	-	-	-	-	1	-	-
Acute Poliomyelitis.	1	1	1	-	-	-	-	-	-
Acute Pneumococcal Meningitis.	-	1	-	-	-	-	-	-	-
<u>CANCER AND OTHER TUMOURS.</u>									
Cancer of Digestive Organs.	11	8	-	1	-	-	-	-	-
Cancer of Respiratory System.	6	4	-	-	-	-	-	-	-
Cancer of Female Genital Organs.	-	8	-	-	-	-	-	-	-
Cancer of Male Genital Organs.	1	-	-	-	-	-	-	-	-
Cancer of Urinary Organs.	1	1	-	-	-	-	-	-	-
Malignant Thymoma.	-	-	1	-	-	-	-	-	-
Lymphosarcoma.	3	-	-	-	-	-	-	-	-
Malignant Melanoma.	-	1	-	-	-	-	-	-	-
Multiple Myelomatosis.	-	1	-	-	-	-	-	-	-
Generalized Carcinomatosis.	-	3	-	-	-	-	-	-	-
<u>ENDOCRINAL DISEASES.</u>									
Diabetes Mellitus.	-	2	-	-	-	-	-	-	-
Hyperthyroidism.	-	1	-	-	-	-	-	-	-
<u>DISEASES OF NUTRITION.</u>									
Kwashiorkor.	-	-	-	-	-	-	-	-	1
<u>DISEASES OF BLOOD FORMING ORGANS.</u>									
Aplastic Anaemia.	1	-	-	-	-	-	-	-	-
<u>DISEASES OF THE NERVOUS SYSTEM.</u>									
Motor Neurone Disease.	1	-	-	-	-	-	-	-	-
Intra-Cranial Lesions of Vascular Origin.	8	14	-	1	-	-	1	-	-
Status Epilepticus.	-	1	-	-	-	-	-	-	-
Paralysis Agitans.	-	1	-	-	-	-	-	-	-
<u>DISEASES OF THE CIRCULATORY SYSTEM.</u>									
Acute Endocarditis.	1	-	-	-	-	-	-	-	-
Aortic Valvular Disease.	-	1	-	-	-	-	-	-	-
Mitral Valve Disease.	-	1	-	-	-	-	-	-	-
Myocardial Degeneration.	5	2	-	-	-	-	-	-	-
Diseases of Coronary Arteries.	28	10	-	-	-	-	-	-	-
Functional Heart Disease.	1	1	-	-	-	-	-	-	-
Arteriosclerosis.	-	2	-	-	-	-	-	-	-
Thrombophlebitis.	1	-	-	-	-	-	-	-	-
Essential Hypertension.	2	1	-	-	-	-	-	-	-

Diseases of the Respiratory System /-

Disease.

European.
M. F. C.

Asiatic.
M. F. C.

Coloured.
M. F. C.

DISEASES OF THE RESPIRATORY SYSTEM.

Bronchitis.	1	1	-	-	-	-	-	-	-
Broncho Pneumonia.	-	1	-	-	-	1	-	-	-
Lobar Pneumonia.	1	-	-	-	-	-	-	-	-
Pneumonia (Unspecified)	1	-	-	-	-	-	-	-	-
Infarction of Lung.	1	-	-	-	-	-	-	-	-
Chronic Congestion of Lung.	-	2	-	-	-	-	-	-	-
Asthma.	1	-	-	-	-	-	-	-	-
Pulmonary Emphysema.	1	-	-	-	-	-	-	-	-

DISEASES OF DIGESTIVE SYSTEM.

Gastric Ulcer.	1	2	-	-	-	-	-	-	-
Duodenal Ulcer.	1	-	-	-	-	-	-	-	-
Gastro Enteritis.	-	-	1	-	-	-	-	-	-
Appendicitis.	1	-	-	-	-	-	-	-	-
Intussusception.	-	-	1	-	-	-	-	-	-
Intestinal Haemorrhage.	1	-	-	-	-	-	-	-	-
Cirrhosis of Liver.	1	-	-	-	-	-	-	1	-
Cholecystitis and Biliary Calculi.	-	1	-	-	-	-	-	-	-
Acute Pancreatitis.	1	-	-	-	-	-	-	-	-

DISEASES OF URINARY AND GENITAL SYSTEMS.

Arteriosclerotic Kidney.	2	-	-	-	-	-	-	-	-
Chronic Nephritis.	2	-	-	-	-	-	-	-	-
Uraemia.	3	-	-	-	-	-	-	-	-
Peri-nephric abscess.	-	-	-	-	-	-	1	-	-
Nephrosis Rupture of Right Kidney and Haemorrhage.	2	-	-	-	-	-	-	-	-

DISEASES OF PREGNANCY AND PUERPERAL STATE:

Peurperal Toxaemia.	-	1	-	-	-	-	-	-	-
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CONGENITAL MALFORMATIONS.

Congenital Bilateral Hydronephrosis.	-	-	1	-	-	-	-	-	-
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DISEASES PECULIAR TO FIRST YEAR OF LIFE.

Prematurity.	-	-	7	-	-	-	-	-	2
Congenital Atelectasis.	-	-	2	-	-	-	-	-	-

DISEASES OF OLD AGE:

Senility.	-	1	-	-	-	-	-	-	-
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DEATHS FROM VIOLENCE.

Suicide.	4	2	-	-	-	-	-	-	-
Accidents.	10	2	2	1	-	-	1	-	-
Causes of Death unstated or Ill-defined.	2	3	-	-	-	-	-	1	-

109	81	17	3	-	1	4	2	3
= 207			= 4			= 9		

INFECTIOUS DISEASES:

The total number of cases of notifiable infectious diseases reported during the year totalled 616, as compared with 363 in the previous health year 1953/54. A schedule of the notified diseases is given at the end of this section. This increase in the number of notified cases over last year's figures is accounted for by a marked increase in the incidence of Chicken Pox 346 (176), Cerebro-Spinal Meningitis 110 (43), and Acute Poliomyelitis 41 (6). There were however, fewer cases of Diphtheria 22 (31), Enteric Fever 18 (29), and Scarlet Fever 18 (24) notified during the year. The same number of Pulmonary Tuberculosis cases - 36 - were notified as last year.

(1) SMALL POX.

For the third consecutive year no cases of Small Pox were reported.

There is no doubt that the compulsory vaccination of all Africans entering the City in search of work and their re-vaccination at regular intervals thereafter does maintain a high level of immunity against Small Pox amongst the African residents of the City. The importance of this will be the more readily appreciated when it is recalled that a severe epidemic of Small Pox occurred on the Copperbelt in Northern Rhodesia over several months towards the close of the year.

The occurrence of such an epidemic elsewhere in the Federation also serves to emphasize the need for mothers of all races to ensure that their infants are vaccinated at or after four months of age. Vaccination of children before the age of twelve months is in fact compulsory in terms of the Public Health Act.

This Department provides free vaccination facilities at its Child Welfare Clinics in the City for all races.

(2) SCARLET FEVER.

17 European cases were notified as compared with 24 in 1953/54, and only 3 of these cases were treated in the Infectious Diseases Hospital. This disease is a very mild disease nowadays with few, if any, complications and the majority of cases can be satisfactorily treated at home.

It is believed that serious consideration might be given by the Government to the amendment of the Exclusion from School Regulations in so far as this disease is concerned. Due to the mild nature of the disease and the modern treatment with anti-biotics it is felt that the period at present required of four weeks exclusion from school for patients could be considerably reduced without danger to the Community. The majority of patients recover in fourteen days.

(3) ENTERIC FEVER (Typhoid Fever).

During the year 17 cases were notified, as compared with 29 cases last year.

Of these 17 cases, 12 were European cases. 5 European cases occurred in a Hostel housing a 1,000 people, and were notified within a week of one another. An exhaustive investigation was carried out to determine the source

of infection. /-

of infection.

The entire food handling staff, European and African, were Vi-tested, the water supply which is obtained from boreholes, was examined bacteriologically and was found to be safe. The sanitary and hygienic arrangements at the Hostel were carefully inspected, and found to be generally satisfactory although fairly extensive fly breeding was detected in the area.

The results of the Vi-tests on several Africans who handled food indicated that they may be carriers of Typhoid. These persons were thoroughly investigated in the Native Infectious Diseases Hospital, but none were proved to be definite carriers of the disease, i.e. S. Typhi organisms were never isolated from specimens of urine and stools examined bacteriologically over a period of many weeks. However, the authorities at the Hostel were advised to discontinue employing these Africans as food handlers.

Although it was not definitely established, from the nature of the outbreak, it seemed as if a carrier was responsible. Arrangements have now been made by the Trustees for all new African employees at this Hostel to be Vi-tested on engagement and the borehole water with which the Hostel is supplied is also examined routinely every week by the responsible Government Departments.

The probable source of infection of one other European Typhoid case in a boarding house was traced to an African who was proved to be a urinary carrier working in the kitchen. He was later dealt with by the Magistrate in terms of the Carriers of Infectious Diseases Regulations and forbidden by him to work as a food handler.

The remaining six European, four African and one Coloured case were sporadic in nature and probably fly-borne.

As reported last year the Vi-tests are still sent to the South African Institute for Medical Research in Johannesburg by the Local Laboratory. This is not satisfactory in investigating an outbreak of Typhoid Fever due to the delay in receiving the results of these tests. The Director of the Public Health Laboratory is arranging to carry out the Vi-tests in Salisbury and it is hoped that this will be possible early next year.

Routine Vi-tests are now also being done on all Africans employed in the handling of milk and its products at the Dairy Marketing Board.

Figures from Dairy.

<u>No. of Vi-tests.</u>	<u>No. Positive.</u>
205	4

Where the Vi-test is found to be positive, the Dairy Manager is advised to employ such Africans on tasks not connected directly with the processing and/or bottling of milk and its products.

Table of Vi-tests for Year.

	<u>No. of Vi-tests Negative.</u>	<u>No. of Vi-tests Positive.</u>	<u>Total.</u>
Cranborne Hostel.	270	11	281
Dairy Marketing Board.	205	4	209
Domestic Servants.	11	1	12
African Staff, Infectious Diseases Hospital.	21	-	21
	507	16	523

The following table indicates the incidence of Enteric Fever in Salisbury since the year 1934/35. From 1934 to 1949 the figures are the average annual figures in five year periods:-

	<u>European.</u>	<u>Coloured.</u>	<u>Asiatic.</u>	<u>African.</u>	<u>Total.</u>
1934 - 39	-	-	-	-	16
1939 - 44	-	-	-	-	13
1944 - 49	-	-	-	-	18
1949 - 54	-	-	-	-	22
1954 - 55	13	1	-	4	18

Bearing in mind the fact that the incidence of Typhoid Fever is a reasonable guide to the environmental sanitation in any area, where one takes into consideration the very considerable increase in the total estimated population of the City, these figures can be considered as very satisfactory.

4. CEREBRO-SPINAL MENINGITIS.

There was a marked increase in the number of cases of this disease notified this year as compared with last year's figure of 43. In all 110 cases were reported of which 105 occurred amongst the African population of the City. Four Europeans and one Asiatic suffered from the disease.

As a prophylactic measure, Sulphonamide tablets were given to all immediate African contacts as well as reducing overcrowding in sleeping quarters where this was encouraged. From these relatively few cases it is difficult to assess the value of this Sulphonamide Prophylaxis in controlling the spread of this disease.

The major factor in the epidemiology of Cerebro-Spinal Meningitis is over-crowded, ill-ventilated sleeping quarters. This is well borne out by the fact, of the 829 cases of this disease notified to this Department between July 1949, and June 1955, 804 - i.e. 96% were African cases as it is amongst the African population of the City that over-crowded and poor housing conditions mainly are encountered. In addition the Natives seem to have a poor degree of immunity to this disease as compared with Europeans.

The following table indicates /-

The following table indicates the incidence of cases notified since 1934. From 1934 to 1954, the figures are the average annual figures in five year periods :-

	<u>European.</u>	<u>Coloured.</u>	<u>Asiatic.</u>	<u>African.</u>	<u>Total.</u>
1934 - 39	-	-	-	-	13
1939 - 44	-	-	-	-	21
1944 - 49	-	-	-	-	5
1949 - 54	-	-	-	-	144
1954 - 55	4	-	1	105	110

(5) PULMONARY TUBERCULOSIS.

During the year 36 cases of Pulmonary Tuberculosis were notified. This is the same number as last year. Of these 36 cases, 33 were African cases, 2 were Europeans and one Coloured person was notified as suffering from this disease.

It is interesting to note from the table at the end of this section that the number of European cases of Pulmonary Tuberculosis notified since 1951 has steadily decreased. This may well be due to the Regulations introduced in March, 1951, whereby all immigrants are required to undergo a Radiological Chest examination before their arrival in the Federation.

The low incidence of the disease amongst Europeans may not continue if active and energetic steps are not taken immediately to tackle this evergrowing problem as it occurs amongst the African population. Here again the malnutrition and poor housing conditions amongst these people favour the spread of the disease.

During the year the number of beds available for the reception of cases of Pulmonary Tuberculosis at the Native Infectious Diseases Hospital was increased in collaboration with the Government Health Department to forty. Next year it is hoped to increase this number by the building of a new ward to accommodate another 30 to 40 patients.

The majority of African cases of Pulmonary Tuberculosis admitted to the Hospital are suffering from the disease in an advanced, late, open or infectious stage and in spite of the newer drugs available, Streptomycin, I.N.H., and P.A.S., the patients still require many months of hospitalization.

The Mantoux testing and B.C.G. work started by the Department on the African population in the City last year has been continued and expanded during the year. Eighteen ampoules of B.C.G. Vaccine are flown out twice a month from Denmark to Salisbury by arrangement with the Government Health Department, which bears the cost. In addition to the Salisbury City Council's African Male employees, the women and children resident in the Harare African Township, and a large number of the Africans employed in Industry have now been tested and where necessary vaccinated.

The following table shews the number of African Adult Males employed by the City Council who were Mantoux tested, the results and the number immunized with B.C.G.

No. Mantouxed /-

<u>1954.</u>	<u>No. Man- touxed.</u>	<u>No. Nega- tive.</u>	<u>No. Pos- itive.</u>	<u>No. B.C.G.</u>	<u>No. who failed to return for reading.</u>
July.	182	51	82	51	49
August.	251	57	126	57	68
September.	173	40	77	40	56
October.	161	30	74	30	57
November.	40	11	28	11	1
Dedember.	48	9	16	9	23
<u>1955.</u>					
January.	50	8	17	8	25
February.	143	30	72	30	41
March.	-	-	-	-	-
April.	-	-	-	-	-
May.	-	-	-	-	-
June.	-	-	-	-	-
Totals:	1,048	236	492	236	320

Observations.

1. All the African employees had been tested by the end of February. It has been found more convenient to wait until a reasonable number of new employees have been engaged and then to test and immunise a large batch every few months.
2. Of the 1,048 cases Mantoux Tested, 320, i.e. 30.5% failed to report back for reading, and the results are therefore unknown. This is most discouraging.
3. Of the 728 Adult Males who were tested and reported back 72 hours later, 236, i.e. 32.4% were Negative and received B.C.G. Vaccine.
4. 492 Adult Males, i.e. 67.5% of those tested, were found to be positive.
5. Apart from the local reactions at the site of B.C.G. innoculation, no untoward reactions were reported.

An attempt has been made from time to time during the year to try and assess the conversion rate amongst these African Male Adults, i.e. to determine how effective the B.C.G. Vaccine has been in converting Mantoux Negative reactions to positive ones. The minimum time limit before the re-testing was done has been twelve weeks.

The following table /-

The following table indicates the results obtained.

	<u>No. Re Man- touxed.</u>	<u>No. Neg- ative.</u>	<u>No. Pos- itive.</u>	<u>No. B.C.G.</u>	<u>Absentee.</u>
July.	8	2	6	2	-
August.	9	2	6	2	1
September.	20	5	11	5	4
October.	12	1	9	1	2
January.	6	1	5	1	-
	55	11	37	11	7

Although statistically these numbers are too small to draw any definite conclusions from, the conversion rate was found to be 67.2%.

The Mantoux testing and B.C.G. Vaccination of African women and children in Harare Township has been continued this year and the following table shews the number of women and children who have been Mantoux tested, the results obtained and the number who have received B.C.G.

It will be noted that there are four groups according to age, i.e. 0 - 5 years, 5 - 10 years, 10 - 15 years and Adults.

Table /-

TABLE OF AFRICAN WOMEN AND CHILDREN MANTOUX TESTED AND
VACCINATED WITH B.C.G. VACCINE.

		0 - 5 years.					5 - 10 years.					10 -15 years.					Adults.				
		No. Man- toux	No. Neg.	No. Pos.	No. BCG.	No. Ab- sent.	No. Man- toux	No. Neg.	No. Pos.	No. BCG.	No. Ab- sent.	No. Man- toux	No. Neg.	No. Pos.	No. BCG.	No. Ab- sent.	No. Man- toux	No. Neg.	No. Pos.	No. BCG.	No. Ab- sent.
July.		260	238	11	238	11	70	66	4	66	-	10	10	-	10	-	269	163	106	163	-
August.		199	123	5	123	71	130	68	12	68	50	59	17	7	17	35	176	83	51	83	42
September.		120	72	48	72	-	44	40	4	40	-	12	12	-	12	-	112	55	50	55	7
October.		198	132	16	132	50	43	31	3	31	9	5	2	3	2	-	243	105	93	105	45
November.		154	107	12	107	35	37	18	3	18	16	1	1	-	1	-	198	77	85	77	36
December.		47	24	3	24	20	14	6	2	6	6	7	1	-	1	6	68	19	24	19	25
January.		103	68	7	68	28	42	32	1	32	9	18	10	2	10	6	124	53	53	53	18
February.		138	117	19	117	2	28	17	2	17	9	1	-	-	-	1	150	70	62	70	18
March.		175	140	18	140	17	26	19	2	19	5	5	4	-	4	1	114	59	35	59	20
April.		42	22	1	22	19	23	10	4	10	9	12	6	1	6	5	45	24	16	24	5
May.		67	53	6	53	8	26	22	4	22	-	10	3	3	3	4	77	22	31	22	24
June.		105	83	2	83	20	26	17	2	17	7	1	-	-	-	1	99	49	32	49	18
		1608	1179	148	1179	281	509	346	43	346	120	141	66	16	66	59	1675	779	638	779	258
		Percentage negative															Percentage negative				
		73.32%															45.51%				
		Owing to small number, percentage not significant.															Percentage negative				
		-----															Percentage negative				



Observations.

- (1) (i) In the 0-5 year group, 11.2% were not brought back.
 (ii) " " 5-10 " " 23.5% " " " "
 (iii) " " 10-15 " " 41.8% " " " "
 (iv) " " Adult female group, 15.4% did not report back for reading.
- (2) In the 0-5 year group, of the 1,608 cases Mantoux tested and who reported back, 1,179 were Negative (73.3%), and received 0.1 cc. B.C.G. in the left arm.
 In the 5-10 and 10-15 years group, the numbers tested are too small for the results to be significant.
 In the Adult Female group, of the 1,675 cases Mantouxed and read, 779 were Negative (46.5%) and received 0.1 cc. B.C.G.
- (3) Following on our experience last year, when several infants developed abscesses in the neck after vaccination, no infants under one year have been done as to do these satisfactorily in infants, 5 minutes per patient is required to obtain a truly intra-dermal injection. In a mass vaccination campaign this is just not possible. This year the injection has been given a little lower down from the tip of the left shoulder in all persons and no abscess formation has been noted in the neighbouring lymph glands.
- (4) As is to be expected the highest non-reactions to the Tuberculin test, i.e. Mantoux Negatives were found in the 0-5 year age group.

In addition, all the African Schools in Harare and Donnybrook Townships were visited and the children tested and vaccinated where necessary.

This work was also extended to include Asiatic and Coloured School children attending the Moffat Secondary School, the Louis Mountbatten School, and the Moffat Primary School. The coloured children attending the Council's Creche in Arcadia were also tested and vaccinated.

The following tables show the results of this work at these latter three Schools and at the Municipal Creche.

(1) Moffat Secondary School.

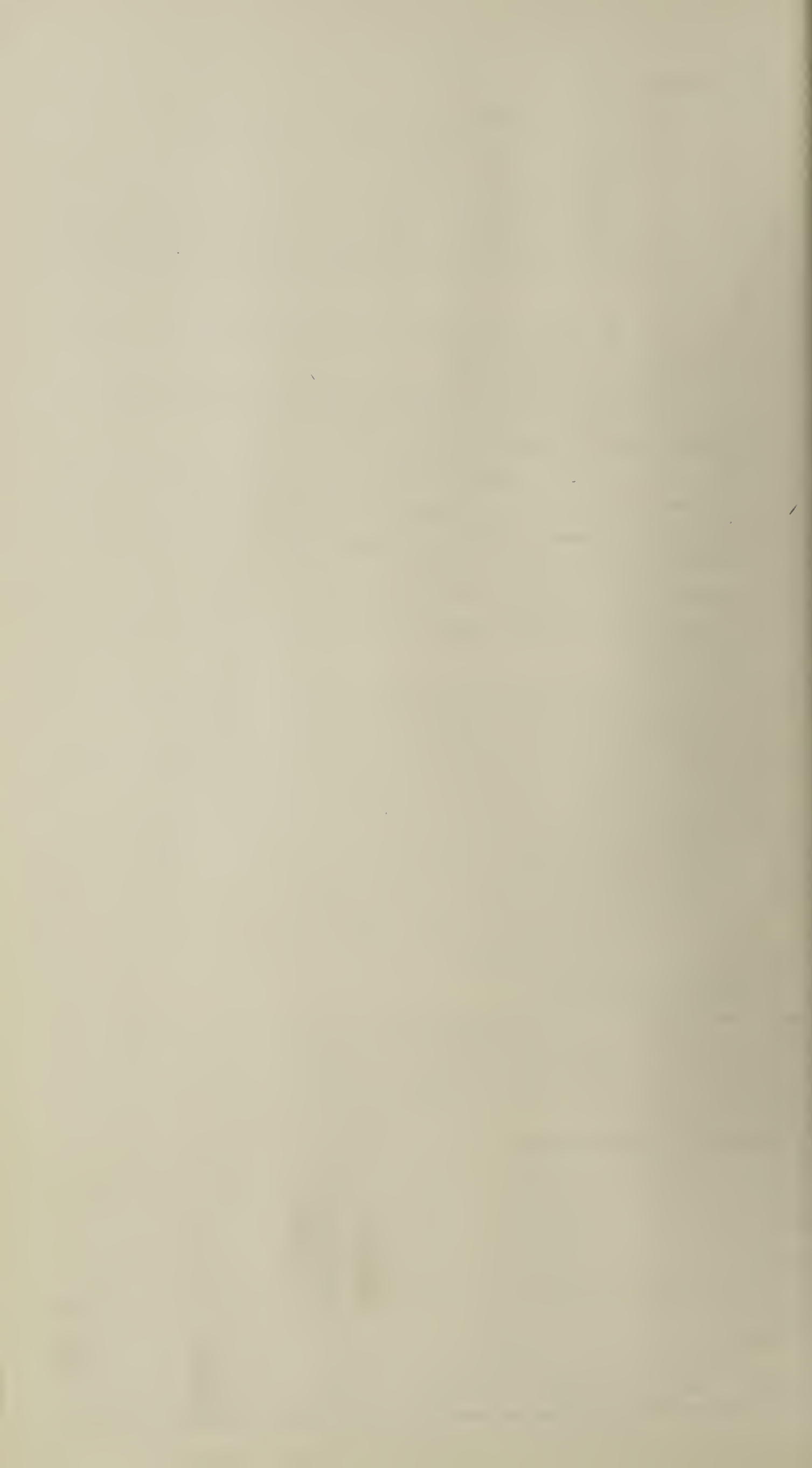
Age Group.	No. Mantoux Tested.	No. Mantoux Negative.	No. Mantoux Positive.	No. Vaccinated with B.C.G.	No. Absent.	Percentage Positive.
12 - 18 years.	89	76	11	76	2	12%

(2) Louis Mountbatten School.

5 - 7	70	64	4	64	2	5.7%
7 - 10	101	93	7	93	1	7%
10 - 12	96	80	14	80	2	14.5%
12 - 14	27	21	4	21	2	15%
14 - 16 +	103	85	17	85	1	16.5%
Adult Teachers.	7	1	6	1	-	86%

Totals;	404	344	52	344	8	-
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(3) Moffat Primary School /-



(3) Moffat Primary School.

Age Group.	No. Mantoux Tested.	No. Mantoux Negative.	No. Mantoux Positive.	No. Vaccinated with B.C.G.	No. Absent.	Percentage Positive.
6-8 yrs.	48	46	2	46	-	4.2%
8-10	81	71	7	71	3	8.7%
10-12	86	74	10	74	2	11.7%
12-15	87	73	11	73	3	13.0%
Adult Teachers.	14	3	10	3	1	71.4%
Totals:	316	267	40	267	9	-

(4) Municipal Coloured Creche.

1-5 yrs.	67	56	3	56	8	4.5%
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With regard to African Males employed in the larger Industries and Commercial firms, including the Hotels and Resident Clubs in the City, during the year 75 firms were visited and of the 13,382 Africans tested, 3,172, 23.7% were found to be Mantoux Negative and received B.C.G. Apart from local reactions at the site of inoculation, no untoward reactions occurred.

African Males Employed in Commerce and Industry.

No. of Firms Visited.	No. Tested.	No. Mantoux Negative.	No. Mantoux Positive.	No. Vaccinated with B.C.G.	No. Absent.
75	13,382	3,721	8,603	3,721	1,058

It must be stressed that the use of B.C.G. vaccine alone cannot be relied upon to combat the spread of Pulmonary Tuberculosis - other factors such as good housing, nutrition and the early detection, isolation and treatment of infectious cases are of the greatest importance in controlling this disease.

For very many years now this Department has voiced the opinion that Pulmonary Tuberculosis was becoming an increasing public health problem which should be tackled energetically. It is, therefore, heartening to note the greatly increased interest being shewn lately in this disease on the part of the general public and this Department welcomes the formation of a National Rhodesian Association for the Prevention of Tuberculosis as it is sincerely felt that much valuable help and work can be carried out by such an organization more especially on the welfare and propaganda aspect side. This Department will endeavour to give whatever assistance it can to this newly formed association

Table of Notifications of Pulmonary Tuberculosis since 1934/5.

	<u>European.</u>	<u>Coloured.</u>	<u>Asiatic.</u>	<u>African.</u>	<u>Total.</u>
1934/39	-	-	-	-	8
1939/44	-	-	-	-	13
1944/49	-	-	-	-	23
1949/54	-	-	-	-	45
1954/55	2	1	-	33	36

(6) DIPHTHERIA.

22 cases were notified to the Department this year, 18 African cases and 4 European cases.

Although this is an improvement over last year's figure of 31 cases, in all, it cannot yet be considered as entirely satisfactory as Diphtheria is a disease which can be prevented by immunisation.

This Department operates immunisation clinics for Europeans, Asiatics, Coloureds and Africans. Whilst plain A.P.T. is used for Europeans, Asiatics and Coloureds, the combined Whooping Cough-Diphtheria immunising agents are used for Africans.

To maintain the level of immunisation of the population against Diphtheria at a sufficiently high level to prevent the occurrence of an epidemic of this disease, the importance of the "booster" dose given before the child goes to school at the age of 5-6 years cannot be over emphasised.

(7) ACUTE POLIOMYELITIS.

From a health point of view, the most significant feature during the year was the occurrence during the summer of the largest epidemic of Acute Poliomyelitis Salisbury and Mashonaland has yet known.

The epidemic of this disease was, however, not confined to this part of Southern Rhodesia only, as Bulawayo and Matabeleland reported at the same time, a large number of cases and some centres in South Africa notably Durban and Johannesburg experienced epidemics of this disease.

During the year the City Council's European and Native Infectious Diseases Hospitals, which not only serve Salisbury City and the surrounding suburbs, but also act as Regional Hospitals for the whole of Mashonaland, admitted and treated eighty-eight (88) European and twenty-eight (28) African cases of Acute Poliomyelitis from these areas - a total in all of one hundred and sixteen (116) patients. During the same period one Asiatic and three Coloured persons suffered from Poliomyelitis.

The disease reached epidemic proportions during the summer months of October to February, and during these five months seventy-five (75) European and twenty-four (24) African patients, i.e. 85.3% of all cases treated during the year were admitted to Council's Hospitals. The epidemic reached its peak during the month of December when the admission rate for this disease to the European Infectious Diseases Hospital rose to almost a patient a day.

The number of Poliomyelitis cases reported from the Salisbury Municipal area itself during the year for all races was forty-one (41), 32 European, 4 Non European and 5 African patients.

The average age incidence of the disease amongst the European patients was $17\frac{1}{2}$ years, which is in striking contrast to the figure for African patients where the average age incidence was found to be 4 years. It seems then, that amongst more primitive people Poliomyelitis may still be called "Infantile Paralysis". The youngest patient was a baby of eight months, whilst the oldest was a man of 51 years.

Though sixty two of the eighty-eight European patients treated in Council's Hospital suffered from the disease in its paralytic form, spreading generally the epidemic was moderate in its severity and the majority of the unfortunate victims will be able to lead useful lives. There, were however, 12 deaths from this disease, eight European and four Natives giving a Mortality Rate of 9.1% and 14.3% respectively.

The following table shows the admission rate for European cases admitted to Hospital during the months when the disease reached epidemic proportions :-

<u>Month.</u>	<u>No. of Cases.</u>	<u>Average Age.</u>
October.	9	8 years 4 months.
November.	16	14 " 1 "
December.	29	23 " 2 "
January.	13	19 "
February.	8	15 "
 TOTAL:	 75	 Average age -- 15 years 11 months.

By arrangement with the Government Health Department, stool specimens from Poliomyelitis patients in the Infectious Diseases Hospitals are sent by air to Dr. J.H.S. Gear, Virus Research Laboratories in Johannesburg. During the year, sixty-five specimens were sent to these Laboratories.

As a result of these investigations, Type I. Brunhilde Poliomyelitis Virus was isolated from a few sporadic cases a month or so before the epidemic really got under way. This information was of considerable value as it is known that the isolation of this particular type of Poliomyelitis Virus often presages a severe type of case and even a possible epidemic. In previous years Lansing strain had been isolated.

Of the 65 specimens sent, the results of 47 of these have been received. Poliomyelitis Type I. (Brunhilde) Virus was isolated in 15 specimens. Poliomyelitis Virus was not specified in 1 specimen.

Poliomyelitis Virus was not isolated in 31 specimens. Results are not yet known in 18 specimens.

As President of the Medical Association of Southern Rhodesia, (D. A.), the Medical Officer of Health visited Toronto, Canada to attend the joint

British and Canadian Medical Associations Commonwealth Conference held in that City in June. This was followed by visits to Boston and New York in the United States of America, the United Kingdom and the Continent to study recent developments in Acute Poliomyelitis and the new Poliomyelitis Killed Virus Vaccine. Discussions were also held with Dr. J.H.S. Gear in Johannesburg on this latter subject. Reports on various aspects of these investigations have or will be submitted to the City Council.

The number of notified cases occurring within the Salisbury area since 1934/5 are shown in the following table :-

	<u>European.</u>	<u>Coloured.</u>	<u>Asiatic.</u>	<u>African.</u>	<u>Total.</u>
1934/5	1	-	-	-	1
1935/4	1	-	-	-	1
1936/7	-	-	-	-	-
1937/8	-	-	-	-	-
1938/9	1	-	-	-	1
1939/40	1	-	-	-	1
1940/1	1	-	-	-	1
1941/2	2	-	-	-	2
1942/3	1	-	-	-	1
1943/4	1	-	-	-	1
1944/5	-	-	-	-	-
1945/6	6	-	-	5	11
1946/7	6	-	-	-	6
1947/8	2	-	-	2	4
1948/9	3	-	-	-	3
1949/50	12	-	-	2	14
1950/1	25	1	-	4	30
1951/2	20	-	-	5	25
1952/3	3	-	-	-	3
1953/4	3	1	1	1	6
1954/5	32	3	1	5	41

(8) LEPROSY.

Fifteen African cases of Leprosy were notified during the year. Most of these cases are diagnosed at the routine clinical medical examinations of Africans and the majority of cases are those coming into Salisbury to seek work. In view of the very long incubation period in this disease, it is obvious that these cases do not contract this disease in the City. These cases are sent to one of the two Government Leprosoria for treatment.

Table of Notifications of Infectious
Diseases 1954/5 /-

DISEASE.	AFRICANS.	ASIATICS.	COLOURED.	EUROPEANS.	TOTAL.
Cerebro-Spinal Meningitis.	105 (41)	1 (-)	- (-)	4 (2)	110 (43)
Chickenpox.	317 (154)	1 (-)	1 (-)	28 (22)	347 (176)
Diphtheria.	18 (25)	- (-)	- (-)	4 (6)	22 (31)
Dysentery.	- (-)	- (-)	- (-)	1 (-)	1 (-)
Encephalitis.	- (-)	- (-)	- (-)	5 (-)	5 (-)
Enteric Fever.	4 (13)	- (1)	1 (-)	12 (15)	17 (29)
Leprosy.	15 (11)	- (-)	- (-)	- (-)	15 (11)
Malta Fever.	- (-)	- (-)	- (-)	- (1)	- (1)
Poliomyelitis.	5 (1)	1 (1)	3 (1)	32 (3)	41 (6)
Scarlet Fever.	- (-)	1 (-)	- (-)	17 (24)	18 (24)
Tuberculosis Pulmonary.	33 (32)	- (-)	1 (-)	2 (4)	36 (36)
Tuberculosis Mesenteric/Intestinal.	1 (1)	- (-)	- (-)	- (-)	1 (1)
Tuberculosis Adenitis.	1 (-)	- (-)	- (-)	- (-)	1 (-)
Tuberculosis of Neck Glands.	1 (-)	- (-)	- (-)	- (-)	1 (-)
Tuberculous Meningitis.	- (4)	- (-)	- (-)	- (1)	- (5)
Peuperal Sepsis.	- (-)	- (-)	- (-)	1 (-)	1 (-)
TOTALS:	500 (282)	4 (2)	6 (1)	106 (78)	616 (363)

EUROPEAN INFECTIOUS DISEASES HOSPITAL:

During the year two hundred and eighty eight (288) patients were admitted to this Hospital as compared with two hundred and sixteen (216) patients in the previous year.

The cases consisted of the following diseases :-

	<u>Cases admitted from the Muni- cipal area.</u>	<u>Cases admitted from Outside the Municipal Area.</u>
Chickenpox.	1	-
Diphtheria.	2	6
Dysentery.	-	1
Encephalitis.	5	5
Acute Gastro Enteritis.	2	2
Glandular Fever.	3	-
Acute Infective Hepatitis.	2	-
Acute Laryngo-Tracheo Bronchitis.	2	-
Malaria.	2	2
Measles.	13	9
Measles Encephalitis.	1	-
Acute Pneumococcal Meningitis.	-	1
Acute Meningitis.	2	2
Acute Benign Meningitis.	-	1
Cerebo-Spinal Meningitis.	3	3
Mumps.	5	2
Mumps Encephalitis.	1	-
Acute Pharyngitis.	2	4
Influenza.	1	-
Broncho Pneumonia.	2	-
Lobar Pneumonia.	2	1
Puerpural Sepsis.	1	-
Acute Paralytic Poliomyelitis.	16	39
Acute Paralytic Bulbar Poliomyelitis.	-	7
Acute Non-Paralytic Poliomyelitis.	11	15
Chronic Paralytic Poliomyelitis.	-	6
Rubella.	13	4
Scarlet Fever.	3	3
Acute Tonsillitis.	1	5
Typhoid Fever.	11	2
Pulmonary Tuberculosis.	3	7
Tuberculosis and Silicosis.	-	1
Whooping Cough.	9	6
Int. Air Travel Quarantine.	2	10
Miscellaneous and Observation.	16	7
	137	151

= 288.

Of the two hundred /-



Of the two hundred and eighty eight cases admitted to the Hospital, 14 patients died, the cases of death being :-

Acute Paralytic Poliomyelitis with Respiratory Failure.	5
Acute Paralytic Bulbar Poliomyelitis with Respiratory Failure.	3
Acute Meningitis.	1
Fulminating Meningococcal Septicaemia.	1
Whooping Cough and Bronch-pneumonia.	2
Meningo-Encephalitis of Unknown Origin.	1
Diphtheria.	1
	<hr/> <u>14</u> <hr/>

It will be noted that 88 cases of Acute Poliomyelitis, 22 cases of Measles, 17 cases of German Measles, 15 cases of Whooping Cough, 13 cases of Typhoid Fever and 8 cases of Diphtheria constituted the major number of admissions.

Cases of Chronic Paralytic Poliomyelitis are also admitted to the Hospital from other parts of the Federation. This is to allow of these cases receiving further treatment in the Hospital and at the Red Cross Polio Centre in the Hospital Grounds. During the year the British Red Cross Society of Southern Rhodesia Purchased a house in the suburbs fairly near the clinic and adapted it to allow of chronic convalescent cases, mainly from Northern Rhodesia, being accommodated there whilst receiving treatment at the Polio Centre.

Reference is made earlier in this report to the epidemic of Acute Poliomyelitis the City and Mashonaland experienced this year. Additional nursing helps were recruited to assist in handling the relatively large number of Poliomyelitis cases the Hospital was called upon to treat. On one occasion both Emerson "Iron Lungs" were in use simultaneously and the strain on the Nursing Staff who responded magnificiently to the long and arduous hours of duty was considerable.

Towards the close of the year, the renovations and redecoration of Ward 1. were completed and cases of Pulmonary Tuberculosis are now accommodated in this block. To add to the patients comfort a small sitting room has been set aside in the ward block for their use.

New quarters for four African ward maids were nearing completion at the close of the year. It is intended to use these maids for the more menial tasks in the wards as it is felt that females are more suited to this work than African males, particularly as these people are required to enter wards accommodating European women and children.

NATIVE INFECTIOUS DISEASES HOSPITAL:

During the year 3,241 cases were admitted to the Hospital as compared with 3,125 last year. Details of these admissions are set out below :-

VENEREAL DISEASES:

	<u>Male.</u>	<u>Female.</u>	<u>Children.</u>	<u>Total.</u>
Gonorrhoea.	17 (32)	17 (37)	- (2)	34 (71)
Syphilis.	153 (155)	52 (58)	3 (22)	208 (235)
Gonorrhoea & Syphilis.	13 (19)	3 (3)	- (1)	16 (23)
Soft Sore.	679 (812)	2 (28)	- (3)	681 (843)
Gonorrhoea/Soft Sore.	65 (210)	- (-)	- (1)	65 (211)
Syphilis/Soft Sore.	185 (232)	1 (1)	- (-)	186 (233)
Gon. Syph. Soft Sore.	17 (26)	- (-)	- (-)	17 (26)
Other V.D.	- (-)	- (-)	- (2)	- (2)
L.G. Inguinale.	2 (4)	1 (-)	- (-)	3 (4)
L.G. Venereum.	- (1)	- (-)	- (-)	- (1)
TOTALS:	1131 (1401)	76 (127)	3 (31)	1210 (1559)

INFECTIOUS DISEASES:

Diphtheria.	7 (8)	5 (5)	65 (43)	77 (56)
Cerebro-Spinal Meningitis.	125 (54)	3 (1)	29 (16)	157 (71)
Other Meningitis.	5 (4)	- (2)	8 (5)	13 (11)
Tuberculosis.	51 (27)	18 (1)	2 (5)	71 (33)
Leprosy.	37 (43)	1 (2)	1 (-)	39 (46)
Small Pox.	- (-)	- (-)	- (-)	- (-)
Chicken Pox.	331 (192)	6 (5)	32 (27)	369 (224)
Measles.	124 (148)	5 (3)	97 (116)	226 (267)
Mumps.	228 (136)	3 (1)	7 (3)	238 (140)
Poliomyelitis.	3 (-)	- (-)	25 (-)	28 (-)
Whooping Cough.	- (-)	1 (-)	115 (78)	116 (79)
Tetanus.	- (1)	- (-)	1 (-)	1 (1)
Scabies.	38 (35)	- (2)	- (12)	38 (47)
Typhoid Carrier.	2 (-)	- (-)	- (-)	2 (-)
Rubella.	3 (4)	- (-)	- (1)	3 (5)
Miscellaneous.	198 (236)	302 (244)	153 (107)	653 (587)
TOTALS:	1152 (888)	344 (266)	535 (413)	2031 (1567)

There were 349 fewer cases of Venereal Diseases admitted to the Hospital this year than last year, but 465 more cases suffering from other infectious diseases were admitted. In all there was an increase of 116 cases of last year's total number of admissions.

The increase is due to increased numbers of admissions of cases of Pulmonary Tuberculosis, Acute Poliomyelitis, Cerebro-Spinal Meningitis, Diphtheria, Chicken Pox, Mumps and Whooping Cough.

The average days /-

The average days in Hospital per venereal disease patient over the year was 10.4, and for all infectious diseases including cases of Pulmonary Tuberculosis, was 18.9

More cases of Acute Poliomyelitis were admitted to the Hospital this year than in any other previous year. Throughout the year, 28 cases of this disease were treated and of these, 24 cases were sent in during the months of October to February. The average age of these African cases was four years.

In every case varying degrees of flaccid paralysis of one or more limbs was apparent on admission to hospital, and in only one patient, an infant of one year who died from an ascending Landry type of paralysis with respiratory failure, the weakness did not progress nor develop in those limbs not affected on admission. This is in contrast to the European cases, who are usually admitted in the early pre-paralytic stage.

The degree of paralysis of the limbs in the African children was of a severe form and most unfortunately will remain with a severe degree of disability. In two cases the limbs were so flail and devoid of even the slightest flicker of movement that no recovery was anticipated. The limbs were pathetically similar to those of a rag doll.

There was one case of bulbar poliomyelitis in an African child aged 4 years, who made a splendid and complete recovery.

Just over twice the number of cases of Cerebro-Spinal Meningitis were admitted and treated this year as compared with last year. Many of these cases were admitted late in the course of the disease and are seriously ill. Good results continue to be obtained, however, through the use of Sulphadiazine.

Forty beds are now available for the treatment of cases of Pulmonary Tuberculosis in the Hospital. An arrangement has been entered into with the Government whereby cases of this disease who are resident outside the Municipal area will also be admitted to the Hospital if beds are available. The Government has also agreed to pay 10/-d. per patient per day and supply anti-Tuberculosis drugs free. This arrangement has worked satisfactorily during the year and has gone some way towards alleviating the acute shortage of beds for African sufferers of this disease in this part of Mashonaland.

Next year a new ward for Tuberculosis patients will be built. This ward differs in design from the existing ward blocks at the Hospital, in that one side will be entirely open and apart from being ideal for this type of case, the cost is much less than the orthodox ward block.

Unfortunately the occupational therapy work which was undertaken so eagerly last year by these patients has fallen off very badly this year. This work is supervised by an occupational therapist employed by the Salisbury Branch of the Red Cross with materials provided at the expense of the State Lottery Trustees. With the steadily increasing number of patients requiring occupational therapy, there is a need for re-consideration of the present scheme.

Number of Out-patient attendances.

Details of out-patients attended to at the Native Infectious Diseases Hospital are set out below :-

<u>Disease.</u>	<u>Males.</u>	<u>Females and Children.</u>	<u>Total.</u>
Syphilis.	6 (3)	- (-)	6 (3)
Gonorrhoea.	194 (213)	1 (2)	195 (215)
Non Venereal Diseases.	97 (133)	2 (5)	99 (138)
	<u>297 (349)</u>	<u>3 (7)</u>	<u>300 (356)</u>

It will be noted that Acute Gonorrhoea constituted the vast majority of out-patients treated. These cases are treated with one injection of 300,000 units of Procaine Penicillin. No relapse cases are known to have occurred.

Injections.

The following injections for Venereal Diseases were given during the year :-

Total N.A.B. Injections.	63
" Bismuth "	40
" Procaine Penicillin Injections.	4880
" Streptomycin "	973
" Penicillin Sodium Salts "	10,000
" Injections given.	15,956

Laboratory Work.

The total number of tests carried out by the two native Microscopists in the hospital laboratory during the year was 11,858. These tests were made up as follows :-

<u>Blood Films.</u>	<u>Stools.</u>	<u>Urines.</u>	<u>Smears.</u>	<u>Sputa.</u>	<u>Dark Ground Examinations.</u>
1650	204	1660	4022	1420	2902
(2114)	(991)	(2239)	(5474)	(1288)	(3230)

The number of specimens sent to the Government Public Health Laboratory was 3,484, of this number 2,845 were samples of blood for Wasserman Serological tests of which 19.8% were positive.

Deaths.

There were 93 deaths in the hospital during the year, the causes of death being as follows :-

Diphtheria /--

	<u>Inside Muni- cipal area.</u>	<u>Outside Mun- cipal area.</u>	<u>Total.</u>
Diphtheria.	3	11	14
Cerebro-Spinal Meningitis.	10	19	29
Pneumococcal Meningitis.	5	6	11
Whooping Cough.	2	8	10
Non Paralytic Poliomyelitis.	1	-	1
Rabies.	-	1	1
Basal Meningitis.	-	1	1
T.B. Meningitis.	2	3	5
Tuberculosis (Pulmonary)	3	6	9
Acute Encephalitis.	1	-	1
Gastro Enteritis.	2	-	2
Bulbar Poliomyelitis.	-	1	1
Broncho Pneumonia.	1	1	2
Acute Paralytic Polio- myelitis.	1	2	3
Poliomyelitis Encephalitis.	-	1	1
Acute Encephalomyelitis.	1	-	1
Acute Endocarditis.	1	-	1
<u>TOTAL:</u>	<u>33</u>	<u>60</u>	<u>93</u>

VENEREAL DISEASES:

A schedule of the number of cases of Venereal Diseases occurring in the African, Asiatic and Coloured peoples treated by this Department at its out-patient clinics and in the Native Infectious Diseases Hospital during the year, will be found at the end of this section.

- (1) While there were 7,779 attendances by African men, women and children who were treated as out-patients at clinics for venereal diseases, no Asiatic or Coloured people attended the Clinics. This is no doubt due to the fact that under a Government scheme, Europeans, Asiatics and Coloureds can be treated free for venereal disease by their own private medical practitioner.
- (2) These figures cannot be taken as indicative of the incidence of venereal disease amongst the African population of Salisbury. Venereal diseases are not notifiable and these figures probably only reflect the minimum incidence of these diseases amongst the African population. Many Africans still prefer to pay for their treatment and it is thought that large numbers are treated for venereal disease by private practitioners. This has become so much easier with the introduction of newer drugs, many cases require one injection only.

(3) In a effort to improve /-

- (3) In an effort to improve attendances at the African Male Venereal Diseases Clinic in Harare Township previously held between 4 p.m. and 6 p.m. on Tuesday evenings, this Clinic is now held earlier in the afternoon. The attendances of African males at the Market Square Clinic on Thursday afternoons at 2 p.m. has improved very considerably and the co-operation of employers in allowing their African staff "time off" for this treatment is welcomed and appreciated by this Department.
- (4) Gonorrhoea and Soft Sore constitute the most prevalent single venereal disease amongst African males. The very low number (2) cases of Soft Sore reported amongst African women is not a true reflection of its incidence amongst this sex, as they are frequently symptomless, but infective carriers of the disease. By comparison 697 males suffered from this disease.
- (5) Cases of mixed infections are not uncommon. Fortunately Penicillin is effective against both Syphilis and Gonorrhoea. Sulphonamides, however, must be used for cases of Soft sore.
- (6) It is now generally accepted that Penicillin is the most effective and powerful Spirochaetocidal drug available and consideration is being given to its use in latent cases of Syphilis as well to replace the older Arsenical and Bismuth preparations, courses of which take many months to complete.

Schedule of Venereal Diseases /-

NATURE OF DISEASE.	A F R I C A N S.				A S I A T I C S.				C O L O U R E D S.			
	NEW CASES		ATTENDANCES AT CLINICS.		NEW CASES		ATTENDANCES AT CLINICS.		NEW CASES		ATTENDANCES AT CLINICS.	
	M	F & C	M	F & C	M	F & C	M	F & C	M	F & C	M	F & C
Gonorrhoea.	702	109										
Syphilis.	343	414										
Gonorrhoea & Syphilis.	16	6										
Soft Sore.	697	2										
Gonorrhoea Soft Sore	65	-										
Syphilis Soft Sore.	185	1										
Gon/Syph Soft Sore.	17	-										
Other Venereal Diseases	3	1										
Total Venereal Diseases.	2028	533	2845	4934	-	-	-	-	-	-	-	-
Injections. I.V.I. I.M.I.	1749 2753	923 5113	TOTAL: 10,538		M -	F & C -	TOTAL: -		M -	F & C -	TOTAL: -	
Blood Tests.	1765	4584	6,349		-	7	7		-	28	28	

MEDICAL EXAMINATION OF NATIVES:

	<u>Number of Africans Examined.</u>	<u>No. of Africans Vaccinated.</u>
Males - Market Square.	172,403 (199,982)	62,354 (71,897)
- Avondale.	5,219 (4,763)	2,908 (1,834)
- Harare Hostel.	19,086 (6,811)	5,290 (748)
- Outside Examinations i.e. at place of Employment.	25,295 (24,393)	9,347 (7,255)
Females - Market Square.	1,905 (1,706)	1,905 (1,706)
	<u>223,908 (237,655)</u>	<u>81,804 (83,440)</u>

This medical examination, which is compulsory, should be carried out on every native entering the Native Municipal Area to seek work, and the onus is on the employer to ensure that this examination is repeated every six months. This applies to females as well as males. The object of the medical examination, which includes vaccination against Small Pox, is the detection of obvious infectious cases of venereal disease and other infectious disease, not only is this of importance to the African, but also to the employer.

It is gratifying to note that considerably more African females were examined this year than last. This medical examination is particularly important in the case of African females, a very large number of whom are employed as nursemaids to European children.

To assist employers of large numbers of Africans in Commerce and Industry, arrangements have been made for them to be examined at their place of employment. It will be noted that 25,295 such examinations were carried out during the year, though the vast majority of examinations, 172,403 are done at the Market Square Clinic.

During the course of the year, 184 suspected cases of Infectious or Contagious diseases were discovered at the medical examination as compared with 96 in the previous year. The total includes 66 cases of Leprosy, 41 cases of Scabies, 7 cases of Pulmonary Tuberculosis and 41 cases of Chicken Pox. During the same period, one thousand four hundred and thirty eight (1,438) suspected cases of venereal diseases were found and brought under treatment, a decrease of 30 over last year.

General Out-Patients Clinic for Asiatics (Market
Square), General Out-Patients Clinic for Coloureds
(Market Square and Arcadia).

It is encouraging to note that the attendances at the Market Square Clinic have improved this year.

The Clinic in Arcadia, situated in a "no fines" house, which has been conveniently adapted for use as a Clinic, continues to serve a definite need amongst this section of the population. Next year a start will probably

be made on a new Clinic /-



be made on a new Clinic Building next door to the Coloured Creche.

The attendances at these Clinics for the year are as follows :-

Market Square Clinic.

Females and Children.	498 (352)
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Arcadia Clinic.

Females and Children.	832 (827)
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AFRICAN DISPENSARIES.

To serve the health needs of the men, women and children living in the Native Townships of Harare, Nenyere and Matapi, all of which are situated near the City, there are four Dispensaries situated in these areas. One of these serves Females and Children, while the remaining three treat Males only.

In addition there is a newly built Clinic-cum-Confinement Centre in the relatively new African Township of Mabvuku, which is situated 12 miles east of the City. The Clinic itself provides general out patient dispensary, ante and post natal and immunisation services.

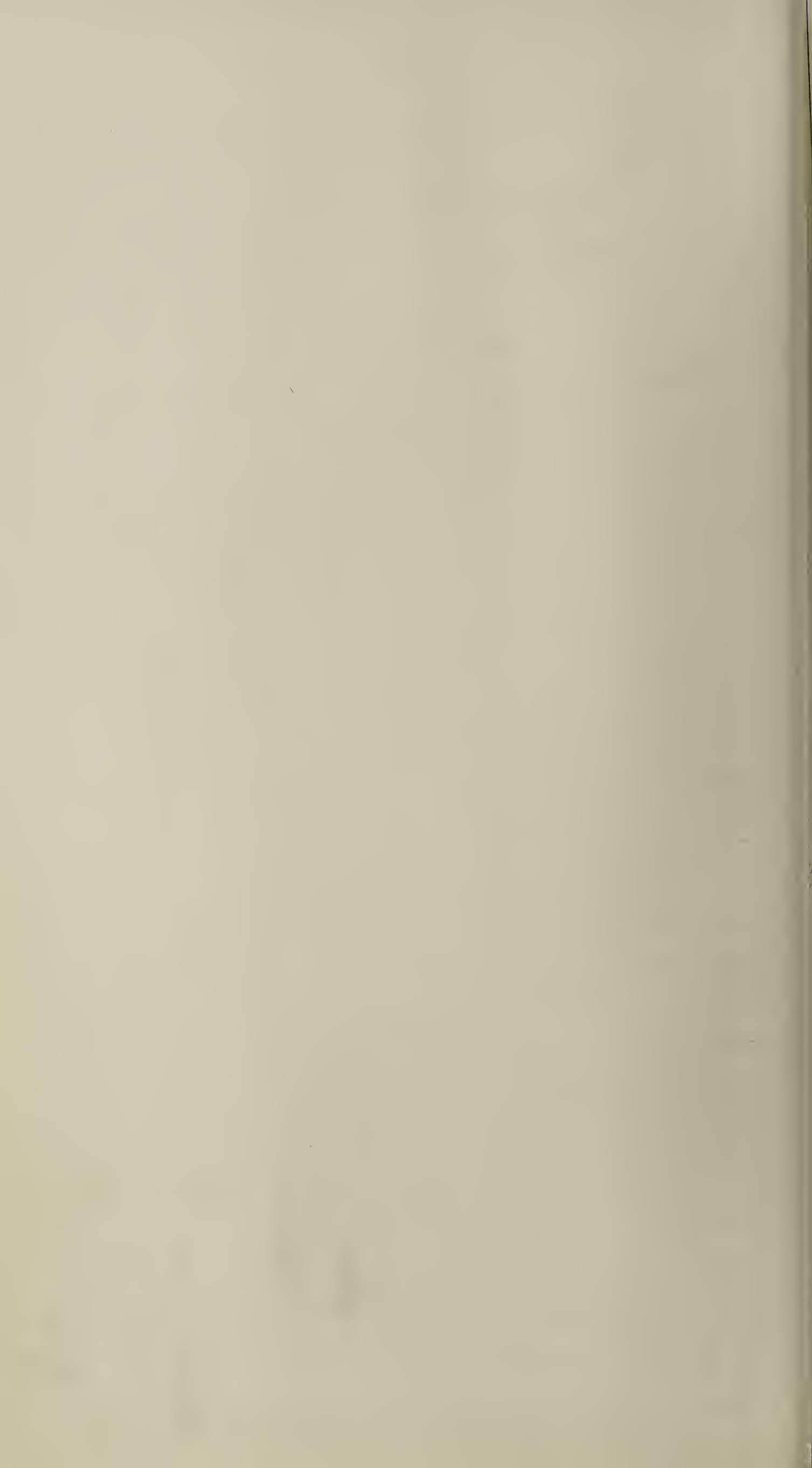
Part of this building has been set aside as the Confinement Centre and this section consists of a labour ward, a second emergency labour ward, a four bedded lying-in ward and a sterilising and sluice room. The Clinic-cum-Confinement Centre, which was opened last year is staffed by three African General and Midwifery trained nurses under the supervision of a trained European Sister, who visits the clinic four times a week, and a woman Doctor on the staff who accompanies the Sister twice a week.

There can be no doubt that the Confinement Centre which takes the place of a domiciliary Maternity Service has proved a very great success. Women on coming into labour are admitted to the Centre, and as a general rule are discharged within twenty four hours of the birth of the baby. Relatives and friends provide any food and drink required. Any complicated case is transferred by Municipal ambulance to the Government Maternity Hospital.

For the year under review, 173 births have taken place there as compared with 150 births in the previous year. There is no doubt that this scheme is in every way preferable to a domiciliary midwifery service in an African Township where as a rule the roads are poor, street lighting is non-existent, transporting Midwives is a problem and the home conditions often are not suitable for confinements. This scheme of providing such a Confinement Centre in lieu of a domiciliary midwifery service is believed to be original and at present is probably the only one of its kind in Southern Africa.

Ever since the closing of our own 20 bedded Maternity Hospital in Harare Township five years ago when the Government Maternity Hospital was opened, it has been felt that there was an urgent need for a domiciliary midwifery service or preferably the establishment of a Confinement Centre in Harare Township.

Efforts to establish such a centre last year proved unsuccessful as the



Federal Government, owing to financial stringency, was unable to assist in the financing of a Confinement Centre scheme. However, this year the Government agreed to offer financial assistance and a start will be made very early in the new Municipal year to build a Confinement Centre in Harare. The Confinement centres in Harare and Mabvuku Townships will help very considerably in relieving the pressure on the already overburdened Government Maternity Hospital as all normal cases will be confined at these Centres and only abnormal or complicated cases will be referred to this Hospital. In addition the handling of maternity cases in this way should show a considerable financial saving to the Government and taxpayers.

DENTAL SERVICES FOR AFRICANS.

During the year members of the Mashonaland Branch of the Dental Association approached the Council with a view to starting a Dental Service for the residents in Harare Township. Their proposals was that private Dental Surgeons would attend the Clinic for so many hours a week and be paid on a sessional basis. The cost of this was calculated to be as much as would be the case if Council appointed its own Dental Surgeon and it was, therefore, decided to adopt this latter course. It is intended to levy a small charge on each African for dental attention and any deficit on maintenance costs together with the capital cost will be borne out of Kaffir Beer profits.

The Dental Clinic which is to be well equipped with modern equipment, will be established in the Harare Male Dispensary and a Senior Dental Surgeon will be appointed in the new year.

HARARE TOWNSHIP DISPENSARY. (Females and Children).

This year there has been a very considerable increase in the amount of work carried out at this Clinic as will be seen from the comparative figures at the end of this section. The number of new medical and minor surgical cases seen is almost double that of last year's figure whilst the attendances have increased by very nearly 50%. The numbers of women and children vaccinated against Small Pox have increased considerably due to an intensification of the vaccination campaign in the Township brought about by the occurrence of an epidemic of Small Pox in Northern Rhodesia and Gwelo areas.

It will be noted that there has however, been fewer attendances at the Child Welfare sessions due to the fact that now only mothers legally resident in the Township or in registered employment in the City may attend these clinics with their children.

The number of home visits paid by the African Nurses has also increased considerably during the year.

The work carried out at this Clinic is of a varied nature and covers

a wide field as indicated /-

a wide field as indicated by the following Clinic sessions :-

- (1) General Out-patients Dispensary Clinic for the treatment of medical and minor surgical cases.
- (2) Venereal Disease Clinic.
- (3) Ante and Post Natal Clinic.
- (4) Child Welfare Clinics.
- (5) Consulting Clinics.
- (6) Immunisation Clinics.

Any seriously ill patient is referred for admission to the Salisbury Native Hospital, and the more serious infectious diseases diagnosed at the Clinic are admitted to the Council's Native Infectious Diseases Hospital.

All pregnant women who are legal residents of Harare or who are in registered employment in Salisbury are given thorough ante natal care at the Ante Natal Clinic, and are instructed to attend once a month during the early months of pregnancy, then at fortnightly intervals and during the last four weeks every week. Any complicated cases are referred to a special clinic which is conducted by invitation by the Government Medical Officer in charge of the Harare Maternity Hospital, as all these cases are confined in this Hospital.

All cases are seen six weeks after the confinement at the Post Natal Clinic.

At the Diphtheria Immunisation Clinics, the combined Diphtheria/Whooping Cough preparation is used which is given in three injections at monthly intervals. Children attending these Clinics are also vaccinated against Small Pox. Mention is made earlier in the report of the special clinic sessions held for the Tuberculin testing and vaccination with B.C.G. vaccine.

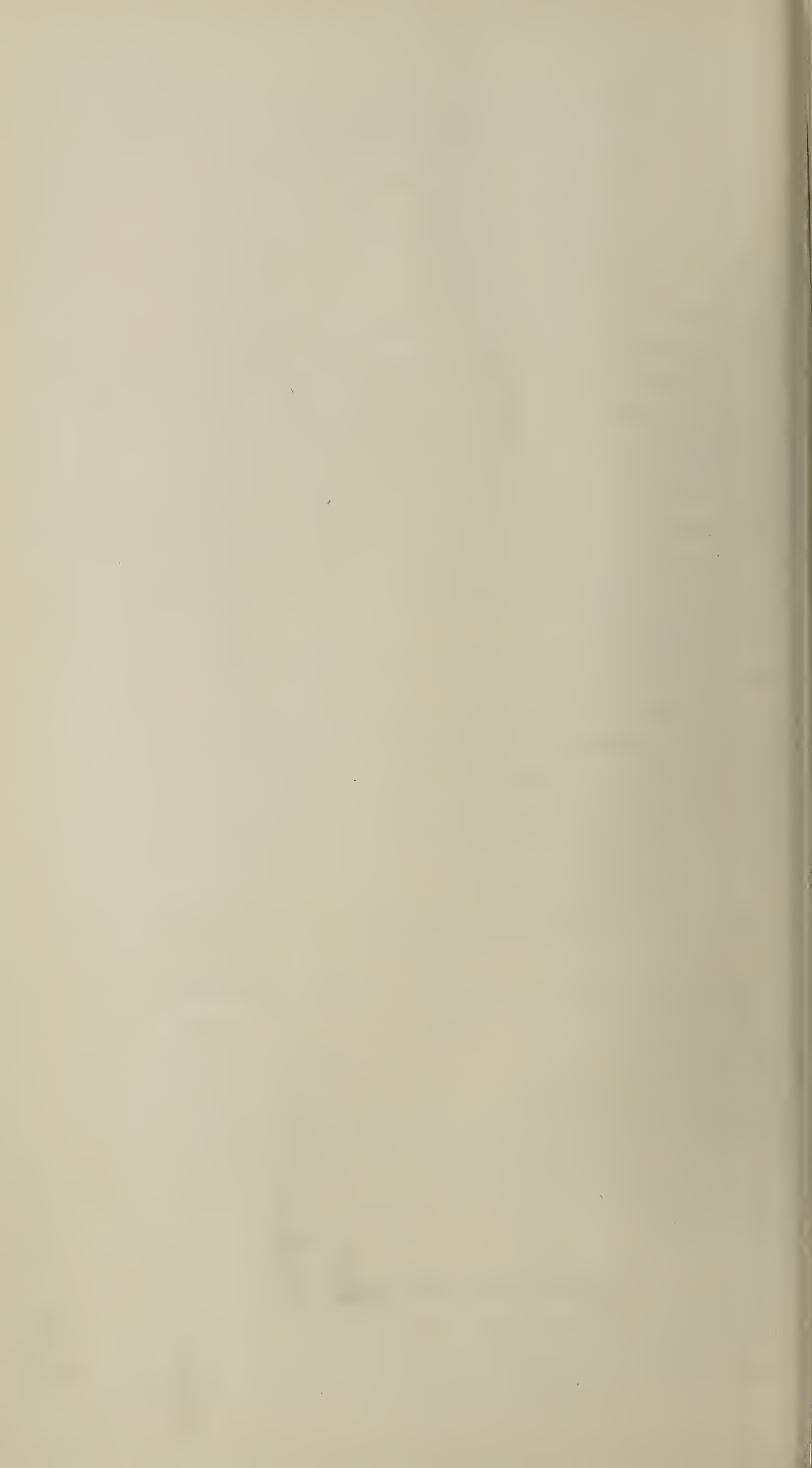
The following is a schedule of work performed at the Female Dispensary, excluding that in connection with treatment of Venereal Disease :-

	<u>Females and Children.</u>	
Number of new medical and surgical cases.	9,710	(5,908)
Attendances.	90,423	(62,479)
Ante Natal - New Cases.	1,343	(1,233)
" " - Total attendances.	8,036	(7,877)
Attendances at Infant Welfare Clinics.	9,729	(14,361)
" - Immunisation Clinics.	1,728	(3,460)
Number Vaccinated.	6,370	(1,366)
Home Visits.	8,367	(5,963)

HARARE TOWNSHIP DISPENSARY (Males).

This Clinic situated in Harare near the Market and main Beer Garden offers free medical facilities for all African males and is in charge of European Clinical Assistant and is visited every day by a Medical Officer

of the Department /-



of the Department. All medical cases of a less serious nature and minor surgical cases are treated at this Clinic. As at the Female Dispensary, seriously ill patients are referred to the Native Hospital for treatment.

A Venereal Disease Clinic is also run at this Clinic once a week in the afternoons.

Whilst the majority of patients attending this Clinic are fit for work and require only daily dressings or medicine, there are many who are "booked off" work for a few days; it is these cases which are seen by the Medical Officer on his visit to the Clinic. To ensure that such cases do not lose pay whilst they are away from work through illness, each patient who is genuinely ill is given a card to indicate to his employer the actual number of days he has been off duty and required to attend the clinic for treatment. An endeavour has also been made by this means to reduce malingering to a minimum.

It is hoped that many more Commercial and Industrial undertakings will avail themselves of these free medical services for their African employees and thus not only lessen the burden on the Out-patient's Department of the African General Hospital, but it is felt that the number of man hours lost to Commerce and Industry through sickness would be considerably reduced.

During the year the Clinic was redecorated and due to the efforts of the Clinical Assistant, the Clinic surrounds have been transformed into a very pleasant garden.

The following figures indicate the work carried out at the Clinic during the year :-

Number of new Medical and Surgical cases (V.D. cases excluded).	11,208 (13,745)
Attendances.	61,249 (55,406)

MATAPI (Urban Area No. 3) MALE DISPENSARY.

This Clinic is run on very similar lines to the Harare Dispensary Clinic. The work carried out at this Clinic during the year has increased and it is anticipated that when all the new Hostels being built in the immediate vicinity are occupied by single African males, the Clinic will be kept very busy.

This Clinic is a most attractive modern building and is well set off by a well laid out and maintained garden.

The following figures indicate the work carried out at this Clinic during the year :-

Number of new Medical and Surgical cases (V.D. excluded).	2,745 (1,972)
Attendances.	8,623 (5,791)

NENYERE (Urban Area No. 1) Male Dispensary.

This Clinic, which is more of a First Aid Post is staffed by a Medical Orderley and visited by the Clinical Assistant twice daily. That the Clinic is proving more popular is reflected in the increased number of new cases and attendances recorded during the year. More serious cases are referred by the orderley to the Harare Male Dispensary where they are seen by the Senior Clinical Medical Officer. The Clinic is conveniently situated to serve the 120 Nissen Huts and 300 bedded Hostols in this area.

The work carried out at the Clinic during the year is shewn by the following figures :-

Number of New Medical and Surgical cases, (V.D. cases excluded)	1,184 (719)
Attendances.	3,881 (2,163)

MABVUKU (Donnybrook) DISPENSARY CLINIC-CUM
CONFINEMENT CENTRE.

Reference has already been made to this combined Clinic-Confinement-Centre earlier in the report. This Centre has now been in operation for two years, though in the early days of its existence it was housed in one of the cottages near the Superintendent's Office.

The following figures of work carried out at this Clinic clearly indicates the need for such health services being made readily available for the Africans resident twelve miles from the City.

	<u>Males.</u>	
Number of New Medical and Surgical cases.	925	(475)
Attendances.	2,905	(1,531)
	<u>Females and Children.</u>	
Number of new Medical and Surgical cases.	3,615	(3,701)
Attendances.	19,735	(22,015)
Ante Natal - New cases.	304	(290)
" - Total attendances.	1,161	(803)
Attendances at Infant Welfare Clinics.	1,674	(commenced August, 1954)
Attendances at Immunisation Clinics.	1,446	(1,607)
Number Vaccinated.	2,565	(506)

The Clinic, staffed by three trained African Nurses under the supervision of a European Sister who visits the Clinic four times a week, offers general out patient dispensary services, Ante and Post Natal Clinics and Immunisation facilities against Diphtheria and Whooping Cough.

This year Child Welfare Clinic sessions have been inaugurated by the European Health Visitor, who does similar work in Harare, going out to the Mabvuku Clinic on one morning in the week. The attendances at the Infant Welfare Clinic sessions - 1,674 - reflects the need and popularity of such a service.

HARARE HOSTEL (Mabari) DISPENSARY.

This dispensary, which forms an integral part of the Mabari Hostel which houses Council's single Male African employees, offers both out-patient services and has twenty beds for the in-patient treatment of medical and surgical conditions in Council's African male employees. Only serious cases are sent to the Government Native Hospital. The figures given in the table below clearly indicate the continued reduction in days off per sick African. Bearing in mind the increasing average strength of Council's African Labour force, there is considerable grounds for satisfaction in these figures.

The Clinic which is staffed by Native Male Medical Orderlies under the immediate supervision of a European Clinical Assistant is visited daily by a Medical Officer of this Department.

	<u>Average Total Strength of African Employees.</u>	<u>Mean of Daily % average of total strength sick & injured.</u>	<u>Average days off per sick African.</u>
1948 (Jan - Dec)	2,668	1.72	7.12
1949 (Jan - Dec)	3,936	1.02	6.50
1950 (Jan - June)	3,087	0.70	6.05
1950 (July - Dec)	3,233	0.70	6.27
1951 (Jan - June)	3,352	0.47	6.35
1951 (July - Dec)	3,762	0.49	5.7
1952 (Jan - June)	3,492	0.41	5.6
1952 (July - Dec)	3,638	0.31	4.55
1953 (Jan - June)	3,361	0.36	5.41
1953 (July - Dec)	3,877	0.50	5.66
1954 (Jan - June)	4,444	0.47	6.05
1954 (July - Dec)	4,776	0.39	5.13
1955 (Jan - June)	4,502	0.38	5.85

Altogether 5,549 new cases were attended to during the year with a total attendance of 18,497.

MATERNITY AND CHILD WELFARE:

The Department employs two District Nurses who give a free District Nursing and Maternity Service to the citizens of Salisbury. The Doctors in the City make good use of the Sisters services and apart from attending confinements on the district for Europeans, Coloureds and Asiatics, the District Nursing Sisters visit the homes of the patients at the request of the patients medical adviser to render general nursing services such as the giving of injections, attending to dressings, bathing of patients etc.

The following figures indicate how this work has increased during the year and covers all sections of the population.

General Nursing work /-



General Nursing Work performed by the District Nurses.

Visits paid - Europeans.	6,315	(4,683)
- Asiatics.	567	(599)
- Coloureds.	1,189	(1,180)
	8,071	(6,462)

The introduction of the Government Maternity Scheme and the opening of the new Princess Margaret General and Maternity Hospital for Asiatics and Coloureds has resulted in fewer confinements being conducted by the District Nurses on the district.

The Government Maternity Scheme comes to an end in June, 1955, and no doubt next year will see an increase in this aspect of the District Nurses work especially in so far as the Coloured people are concerned.

The following figures indicate the maternity work performed by the District Nurses :-

Confinements attended in patient's home.

Europeans.	7	(5)
Asiatics.	11	(18)
Coloureds.	25	(60)
	43	(83)

During the period covered by this report the District Nurses paid the following ante-natal and post-natal visits :-

Europeans.	- Ante Natal.	97	(134)
	Post Natal.	915	(630)
Asiatics.	- Ante Natal.	139	(264)
	Post Natal.	229	(398)
Coloureds.	- Ante Natal.	202	(402)
	Post Natal.	425	(864)

List of Ante-Natal Clinic and Attendances.

	<u>Number of Ante Natal Clinics.</u>		<u>New Cases.</u>		<u>Total Attendances.</u>	
Europeans.	20	(23)	7	(11)	27	(51)
Asiatics & Coloureds.	53	(61)	70	(60)	241	(258)
Africans - Harare.	399	(423)	1343	(1233)	8036	(7877)
- Donnybrook.	91	(43)	304	(290)	1161	(803)

INFANT AND CHILD WELFARE SERVICE:

Five Health Visitors are engaged on Infant and Child Welfare work in the City.

One Health Visitor, as Sister-in-Charge of the Harare Female Dispensary works entirely amongst the African population in Harare Township holding Child Welfare Clinics daily at the Dispensary there. In addition one Child Welfare Clinic session is held once a week at the Mabvuku Clinic. The Sister is assisted in her work by trained African Nurses.

The remaining four Health Visitors concern themselves with Child Welfare work amongst the European, Coloured and Asiatic sections of the community. Each Health Visitor has her headquarters at one of the four clinics, namely Queen Elizabeth, the Gatooma Road Clinic, the Braeside Clinic and the Pise Site 4 Clinic in Nigel Phillip Avenue.

Next year a start will be made on a new clinic building to serve Avondale North and West. In addition to holding clinic sessions in most of the suburbs, an important aspect of a Health Visitor's work is to visit the homes where there has recently been an increase in the family, to offer free advice and assistance to the mother in the case of the infant.

The following is a schedule of work performed by the Health Visitors during the year.

<u>Europeans.</u>	<u>Number of Clinics.</u>		<u>Attendances.</u>
Queen Elizabeth Clinic.	251	(243)	4,255 (5,001)
Pise Area No. 3.	45	(29)	1,425 (368)
Avondale.	44	(49)	852 (901)
Eastlea Clinic.	56	(67)	1,453 (1,585)
Highlands.	49	(50)	553 (576)
Braeside.	100	(98)	2,219 (1,808)
Beatrice Road Cottages.	24	(24)	205 (208)
Appointment Clinics.	63	(72)	304 (315)
Parktown.	23	(22)	588 (401)
Cranborne Kindergarten School.	51	(51)	862 (940)
Gatooma Road Clinic.	151	(151)	2,481 (2,706)
<u>Asiatics & Coloureds.</u>			
Market Square - Coloureds.	49	(50)	851 (722)
" " - Asiatics.	45	(47)	565 (515)
Arcadia. - Coloureds.	46	(47)	1,820 (1,647)
<u>Africans.</u>			
Harare Township.	259	(246)	9,729 (1,361)
Mabvuku Township.	43	(-)	1,674 (-)
TOTAL OF ALL RACES.	1,299	(1,246)	29,836 (32,572)

Visits Paid by Health Visitors.

Within the Municipal Area.

	<u>Europeans.</u>	<u>Coloureds.</u>	<u>Asiatics.</u>
New Births.	776 (746)	80 (95)	56 (46)
New Visits.	43 (43)	- (-)	- (-)
Re-Visits.	4,435 (4,349)	270 (391)	152 (200)
Special Visits.	242 (338)	- (6)	1 (1)
TOTALS:	5,496 (5,476)	350 (492)	208 (247)

Outside Municipal Area /-

Visits Paid by Health Visitors.

Outside the Municipal Area.

	<u>Europeans.</u>
New Births.	109 (102)
New Visits.	3 (10)
Re-Visits.	230 (201)
Special Visits.	1 (18)
TOTAL:	<u>343 (331)</u>

Total Visits paid by Health Visitors - 6,397 (6,546).

SUBSIDISED MILK AND MEALS SCHEME.

Under the Subsidised Milk Scheme, which is administered by this Department, European, Coloured and Asiatic children up to the age of five years are able to obtain one pint of milk per child per day at a cost of 3d. per pint for Europeans and Asiatic children, and 2d. a pint for Coloured children, and $\frac{1}{2}$ d. a pint for native children. The Health Visitors and District Nurses naturally use their own discretion in deciding which families qualify for the issue of milk coupons, a rough working guide for a European family of say 4 - 5 children where the monthly income is in the region of £70. per month. For Asiatics and Coloureds, the assessment is again an economic one based naturally on a lower income.

The following figures indicate the quantity of milk in pints distributed during 1954/55 :-

Europeans - City.	3,326 (8,736)
Asiatics - "	1,824 (2,438)
Coloureds - "	29,849 (35,142)
Africans - Harare Township.	11,184 (11,094)

In so far as Africans are concerned, a dried milk product called Incumbe is sold by the Health Visitor in Harare and at Mabvuku to those mothers attending the Child Welfare Clinics whose infants she feels require additional feeding. The cost to the mothers is 1d. per 1 lb., though the actual cost to the Department is 1/7d. per 1 lb., the difference being met from Kaffir Beer profits. During the year 9,653 lbs. were sold in Harare as compared with 11,316 lbs. last year, this reduction in the amount sold is due to the fact that now only authorised residents of the Township are permitted to attend the Child Welfare Clinics, and are entitled to this baby food. Since the start of Child Welfare sessions at Mabvuku in August, 1954, 2,264 lbs. have been sold in that Township.

The number of meals sold under the Council's subsidised meal scheme to African School children this year in Harare Township shews a decrease over last year's figures. This is due to the fact that the Native Administration Department, who administers this scheme, has experienced difficulty with the lessee of the Native Eating House in Harare, and next year it is that Department's intention to re-organise the whole scheme when it moves into the new buildings nearing completion adjacent to the Community Centre

in Harare.

The following table shews the number of subsidised childrens meals distributed in Harare Township over the years.

August 1942 - June 1943	19,194 Meals.
July 1943 - June 1944	73,497 "
July 1944 - June 1945	80,164 "
July 1945 - June 1946	78,485 "
July 1946 - June 1947	42,600 "
July 1947 - June 1948	69,415 "
July 1948 - June 1949	51,275 "
July 1949 - June 1950	46,390 "
July 1950 - June 1951	79,785 "
July 1951 - June 1952	65,752 "
July 1952 - June 1953	84,092 "
July 1953 - June 1954	13,665 "
July 1954 - June 1955	12,958 "

CRECHES.

The Coloured Creche, conveniently situated in the Arcadia Coloured suburb is proving very popular with the Coloured Community and there can be no doubt that it serves a definite need in these days when the majority of coloured mothers are forced to go out to work through economic necessity to augment the family income.

The new wing has been in use through the year and the average daily attendance at the Creche was 86 children.

The Creche is staffed by a trained and experienced European Superintendent Matron and a Matron who are assisted by four Coloured women as helpers. The children spend all day at the Creche and apart from cocoa or orange juice and sandwiches for morning and afternoon tea, they receive a well cooked balanced meal of meat and vegetables and pudding at midday. Their parents are charged a nominal figure of 6d. per child per day and the Government bears half the annual deficit on this venture.

There are many Creches in the City and its suburbs for European children, these are run either by Welfare Societies, the Loyal Women's Guild or in private houses. All these Creches are registered with the Government Social Welfare Department who refer all applications to start a Creche to this Department for a report on the suitability on health grounds of the premises. At the present time there are no specific health standards laid down for Creches and in view of the increased number of Creches being started in private homes, the Department feels that health regulations should be introduced by the Government to ensure a higher and more uniform standard for such institutions. The Council is not empowered in terms of the Municipal Act to promulgate By-laws in respect of Creches.

HOUSING.

Europeans.

The most noteworthy event this year in so far as housing is concerned was the establishment in Southerton near the heavy Industrial area of a low cost European housing scheme. Under this scheme Council sold stands to individuals and a large private building contracting firm undertook to build large numbers of semi-detached modern two and three bedroomed dwellings at a lower total cost.

Such a scheme has enabled young couples and others to embark upon a home ownership venture without placing an impossible financial burden on themselves, industrial and commercial undertakings also have been interested in purchasing these houses for the housing of their staff and families.

This scheme is a step in the right direction and it is hoped many more such homes will be built within the next few years.

Numerous blocks of flats are being built in the zoned "flatland" in the Avenues, but in some quarters considerable concern has been expressed in regard to the overall density which has been permitted with insufficient provision for garaging and parking of cars and open spaces.

Asiatic and Coloured Housing.

During the year 30 more three bedroomed houses were built in Arcadia. These have been added to the pool of houses in Arcadia which are let by Council at either an economic or sub economic rental to the Coloured Community. Next year it is the Council's intention to build about fifteen houses and sell these on a hire purchase basis to selected suitable tenants in existing houses in Arcadia.

Overcrowding still exists in homes in Arcadia, and the housing position of the Coloured Community is deteriorating as a whole. It is hoped that more energetic steps will be taken to alleviate the housing shortage amongst this section of the population in the future.

African Housing.

This year much has been done to improve the housing shortage for single African males by the completion of several new Hostel Blocks housing from 350 to 700 "boys". In addition there has been a small increase in the houses available for families.

Although Salisbury has avoided the establishment of "shanty towns" similar to those to be seen in many towns in Southern Africa, there exists the serious problem of over-crowding and in many instances gross over-crowding.

LICENSING IN TERMS OF THE LICENCE CONTROL ACT, 1954.

At the beginning of March, 1955, this Department took over the administering of the Licence Control Act of 1954.

This additional work necessitated an increase in the Administrative Staff and a Grade 2. Clerkship was created. With the exceptional growth of Salisbury there is a consequent increase in the demand for licences to operate businesses.

As an indication of the work involved in the administration of the new Act, the table set out below gives the number of licences dealt with between the 1st March, 1955 and the 30th June, 1955.

	Approval of Manager.	Auctioneer.	Authorised Seller of Poisons.	Butcher.	
March.	-	2	-	-	
April.	19	-	1	-	
May.	3	-	3	1	
June.	1	-	-	1	
	23	2	4	2	
	Fishmonger.	Gunpowder, Firearms & Explosives.	General Dealer.	Hawker.	Wholesaler.
March.	1	1	36	9	31
April.	1	1	58	6	41
May.	-	-	38	4	9
June.	1	-	15	5	5
	3	2	147	24	86

Total Number of Licences dealt with 293.

ENVIRONMENTAL HYGIENE AND CLEANSING SERVICES:

The report of the Chief Health Inspector and Cleansing Superintendent is set out below :-

INTRODUCTION.

For over 10 years it has been customary to report, because of the expansion taking place in the City, that the activities of this branch of the City Health Department continue without any diminution, during the past year however, it is possible that in some directions the pressure has been not so great, there has not been the influx of population which has been previously experienced. New buildings, new industries and the setting up of new businesses in which this Department is interested, continue to increase.

During the year the inspectors of this Department have carried out a total of 45,623 inspections in the City area and in Harare over 10,000 inspections were carried out, in effect approximately 200 inspections of various types of premises were made per working day. As a comparison, ten

years ago 27,000 /-

years ago 27,000 inspections were made or approximately 90 per working day. During the year 1944/45, 398 notices were served on persons for contravening the Public Health Act and Bye-laws, during the past year nearly 2,000 were served.

Authority has been received from Council for the appointment of an additional inspector with effect from the 1st July, 1955. It is intended that with additional staff to specially concentrate on all types of food preparing establishments as it is here that it is felt that there is room for considerable improvement.

The staff in the branch consists of :-

Chief Health Inspector and Cleansing Superintendent.	-	One.
Senior Health Inspector.	-	One.
Health Inspectors (Licensing)	-	Two.
District Health Inspectors.	-	Eight.
Senior Cleansing Overseer.	-	One.
Cleansing Overseers.	-	Seven.
European Public Convenience Attendants.	-	Two.
Coloured and Native Drivers, and approximately 300 Native Labourers.		

Following these introductory comments, is a schedule showing in brief summarised form the work which is undertaken by the inspectorate staff of the City Health Department; this work covers the whole field of environmental hygiene.

(1) HOUSING.

(a) Inspection of Houses.

The preparation of reports on the housing of all races in the City.

(b) Repair of Houses.

1. The preparation of notices for repairs.
2. The supervision of the execution of such notices.

(c) Clearance etc., of Unfit Houses.

1. The demolition of unfit housing.
2. The closure of unfit housing pending repair.

(d) Overcrowding.

1. Inspection and registration in terms of the Bye-laws and Liquor Act.
2. Routine inspections as to conduct of premises.

(2) INFECTIOUS DISEASES.

(a) Investigation into causes of spread.

(b) Disinfection of premises and articles (when indicated)

(3) MILK AND DAIRIES.

(a) Sampling of Milk for:

1. Supervision of distribution of milk.
2. Adulteration.
3. Keeping quality.
4. Conformity with prescribed standards.
5. Tubercle bacilli.
6. Inspection of dairies in City Area.

(b) Sampling of Dairy Produce for /-

(b) Sampling of Dairy Produce for :

1. Adulteration.
2. Conformity with prescribed standards.

(4) GENERAL HYGIENE.

- (a) Investigation into complaints.
- (b) Abatement of nuisances.
- (c) Water supplies (purity and sufficiency).
- (d) Purity of swimming bath water.
- (e) Inspection of camping sites.
- (f) Drainage.
- (g) Removal of accumulations of waste and offensive matter.
- (h) Investigation into pollution of rivers.
- (i) Sewerage disposal from buildings not connected to town's reticulation.
- (j) Routine inspections throughout City Area.

(5) INSPECTION OF OTHER PREMISES.

- (a) Factories.
- (b) Building Sites.
- (c) Workplaces, Shops, Offices.
- (d) Places of public entertainment.
- (e) Offensive trade premises.
- (f) Schools.

(6) ATMOSPHERIC POLLUTION.

- (a) Observation of boiler etc., plants.
- (b) Observation of smoke from chimneys.
- (c) Investigations generally into atmospheric pollution.

(7) FOOD-BORNE INFECTIONS.

- (a) Investigations into causes.
- (b) Collection of specimens for examination.

(8) INSECT ETC., PESTS.

Destruction and Control.

- (a) Flies.
- (b) Mosquitoes.
- (c) Molluscs.
- (4) Advice and assistance to the public on control and destruction of rats, mice, fleas, ticks and other pests.

(9) FOOD AND DRUGS.

(a) Examination and Sampling.

1. Meat in butchers shops.
2. Food of all kinds in shops, stores, warehouses, etc.
3. Supervision of the disposal of food condemned as unfit.
4. Sampling of food and drugs for analysis.
5. Foods for bacteriological examination.

(b) Hygiene of Food Premises.

1. Inspection of all premises used for the preparation, storage, handling and sale of food.
2. Advice on layout, design and construction of food premises.
3. Advice on equipment..

(10) LICENSING.

Inspection for Licensing in terms of the Bye-laws, Licence and Stamp Act and Liquor Act of :

- (a) Aerated Water dealers.
- (b) Animal Keepers.
- (c) Auctioneers.
- (d) Bakeries.
- (e) Baker's sales.
- (f) Bars.

(g) Butchers Shops /-

- (g) Butchers Shops.
- (h) Clubs.
- (i) Fish Mongers, Fish Friers.
- (j) Fruit and Vegetable Dealers.
- (k) General Dealers.
- (l) Hairdressers.
- (m) Hawkers.
- (n) Hotels, Boarding Houses.
- (o) Ice Factories and Aerated Water Factories.
- (p) Laundries.
- (q) Native Eating Houses.
- (r) Pawn Brokers.
- (s) Sellers of Poisons.
- (t) Street Food Vendors.
- (u) Tea Rooms, Restaurants.
- (v) Wholesalers.

Legislation.

During the year new Bye-laws were promulgated for the control of fruit and vegetable dealers and major amendments to the native eating houses Bye-laws were also promulgated. In addition amendments were made to the Street Food Vendors Bye-laws reducing the areas within the City in which they could trade. Fortunately this year it is possible to report that there has been a reduction in the number of prosecutions; there have been 72 compared with 102 last year. The Department would be very pleased to report that there have been no prosecutions, but unfortunately when there are repeated contraventions of the Public Health code, the Department has no option but to resort to prosecution, but is quite satisfied that prosecutions could be reduced very considerably if employers exercised more control over native operators employed in their business. At least 50% or more of the prosecutions were due to negligence on the part of native employees.

Infectious Diseases.

Investigations connected with sanitation and hygiene are investigated by the Health Inspectors. 276 investigations were carried out during the year.

Licensing.

For some time in order to obtain the application of a uniform standard of all licensed premises, the Department has had a Senior Health Inspector employed solely on this work. This licensing work includes the inspection of all premises liable to licensing in terms of the Bye-laws, the Licence Control Act and the Liquor Act.

The new Act has greatly increased the work of the inspectorate staff and it became necessary to second a District Health Inspector to assist in inspections; to give some indication of the amount of work entailed; 3,764 initial inspections; or 12 per day were carried out. In addition to this 15,515 special inspections have been carried out on licensed premises, or over 50 inspections per working day; in all about 64 inspections per day have been carried out on licensed premises.

A very close liaison /-

A very close liaison is maintained between the Department and the Liquor Licensing Board and until the Department's requirements have been met, no Liquor Licence is issued by the Board, an official of this Department is always present when the Board holds its meetings.

Animal Keepers.

Before any persons can keep equines, cows, pigs, sheep or goats in the Municipal area, it is necessary for them to obtain a licence.

The keeping of this type of animal within the Municipal area is viewed with very considerable disfavour because where there is manure there is always the danger of fly breeding and in any case flies are always attracted to stables.

Fortunately some years ago the Council introduced an amendment to the Bye-laws which provided that no person could keep any bovine, sheep or goat or pigs at any premises which was less than 20 acres in extent, so virtually none of these animals are kept in the Municipal area.

The position in regard to horses is somewhat different. Any person may keep a horse provided that the stable is situated more than 50 feet from the nearest dwelling which includes native quarters. This provision excludes persons with small stands from keeping horses, but there are still a number of horse stables in the Municipal area and they often prove to be a nuisance to neighbours.

Aerated Water Factories.

There are 8 premises of this nature operating in the City Area. These premises are well maintained and conducted and regular sampling has shown the products to be free from preservatives and of good hygienic standard.

Bakeries and Sweet Factories.

There are 18 bakeries and 3 Sweet Factories registered in Salisbury and regular inspections are conducted to ensure that these premises conform with the requirements of the Bye-laws.

During the year there has been some public discussion in the press advocating the wrapping of bread, by this it is concluded that mechanical wrapping of bread is that which was sought after. Bread has not been known to carry any infectious disease, and it is only under laboratory conditions that it has been possible to culture any form of bacteria on bread. Objections to unwrapped bread are in the main aesthetic. Because of the fact that bread is the staple diet of all races this Department would be reluctant to support any regulations making it compulsory to wrap bread immediately after its production, in addition wrapped bread is not always as palatable as unwrapped bread because it does not dry out as readily. The automatic wrapping of bread would increase the cost of production and for this reason, plus the fact that wrapped bread is obtainable in Salisbury for those who desire it, this Department does not advocate the compulsory mechanical wrapping of bread.

Butchers Shops.

Premises of this nature number 30. These premises are all licensed by the Department and structurally conform with legal requirements. Regular inspections are carried out both during working hours and in the early mornings.

Considerable efforts have been made in regard to the improvement of the conveyance of butcher's meat, and towards the end of the year the Cold Storage Commission announced that they intended to carry out the transport of all meat from the abattoirs to all butcher's shops in the City area, in a vehicle which has been constructed especially for this purpose. This means of transporting the meat is now in operation and may be said to be satisfactory.

Fishmongers, Fish Friers.

There are 15 Fishmongers and Fish Friers operating in the Municipal Area. Bye-laws to control premises of this nature were promulgated just before the period under review. These Bye-laws provide -

- (a) that the floors throughout the premises have to be of impervious material with the corners coved and the whole properly graded.
- (b) the walls have to be tiled or cement plastered and coated with light coloured oil paint.
- (c) the natural lighting and ventilation must be adequate.
- (d) furniture and equipment must be suitable for the purpose.
- (e) cold storage facilities must be provided.

Particular attention is paid to Fish Friers in regard to the omission of obnoxious odours, smoke or fumes. These new Bye-laws have been enforced and it may be said that conditions are satisfactory.

Fruit and Vegetable Dealers.

There are numerous premises of this nature. During the year new Bye-laws were promulgated to control the premises and the conditions under which such premises are conducted.

In the main these Bye-laws make similar provision to those controlling the Fish trade and as a result of the application of such Bye-laws it may be said that Fruit and Vegetable dealers shops are of a reasonably high standard.

Hairdressers.

There 46 hairdressers in Salisbury. A recent campaign has been conducted to ensure complete conformity with the Bye-laws in regard to the general conduct of such premises in particular the prohibition of the use of overalls with pockets, of common neck brushes, shaving sticks and the sterilization of instruments before their use on the customer.

Hotels and Boarding Houses.

There are 6 hotels and 17 boarding houses. In addition to registration with the Department, hotels are also registerable under the Liquor Act and the Department in its report to the Liquor Licensing Board has adopted a very high standard.

In regard to hotels /-

In regard to hotels and for that matter all premises where food is prepared and handled, it is intended during the coming year to conduct a vigorous campaign in regard to food hygiene. It is believed it will be possible to carry this out efficiently in view of the addition that will be made to the staff during the early part of the coming year.

Native Eating Houses.

There are fewer native eating houses in existence in Salisbury today than there were 10 years ago, when it may be said that the native population was less than half it is now. The reason for this disparity to a large extent is the existence of the very numerous street food vendors which in the opinion of this Department do not serve any useful purpose from a dietetic point of view, as the standard purchases by the African from these food vendors is a bottle of mineral water and some form of confectionery. As this purchase is made by Africans during the lunch hour break and is probably their first meal of the day, this cannot be accepted as a satisfactory diet.

The presence of these street food vendors repeatedly gives rise to complaints from neighbouring businesses.

During the year new Bye-laws were promulgated to encourage the establishment of more native eating houses, and in particular enlarging the area where it is permissive to operate a native eating house.

The whole question of street food vendors is under consideration by Council at the present time and has been the subject of discussions between Council and the Chamber of Commerce.

Supervision of Foodstuffs.

During the period under review, particular concentration has been made in regard to the supervision of food manufactured, delivered and exposed for sale in the Municipal area.

Routine and regular inspections are made by the District Health Inspectors to all premises where food is sold, processed, manufactured, handled or distributed, in addition to this, early morning inspections are made weekly by an inspector of this Department. Hundreds of warning notices have been sent out in regard to contravention of the food Bye-laws and it was necessary to instigate 30 prosecutions in regard to matters concerning food and food handling.

The following foodstuffs were condemned as unfit for human consumption:-

Fillets of Hake.	(Packets)	40
Herrings.	(Jars)	130
"	(Tins)	101
Sardines.	"	3
Pilchards.	"	11
Dressed Crab.	"	446
Assorted Fish.	"	207
Anchovy Paste.	(Jars)	2,604
Bloater Paste.	"	12

Bismark Herrings.	(7 lb. tins)	16
Salmon.	Tins.	4
Mussels.	"	40
Cocktail Shrimps.	"	333
Fish Paste.	"	3
Kipper Snacks.	"	42
Crayfish tails.	(lbs)	160
Cob.	"	250
Soles.	"	417
Fresh Herrings.	"	14
Stock Fish.	"	350
Kabeljaw.	"	800
Line Fish.	"	200
Silver Fish.	"	350
King Klip.	"	200
Ham.	(Shoulders)	2
Chickens.	(Only)	50
Sausages.	(Tins)	1
Lunch Roll.	"	1
Corned Beef.	"	1
Cowlac Milk.	"	214
Cream.	"	1
Cheese Spread.	(Jars)	606
Yeast.	(lbs)	2,160
Pasteurised Cheese.	(Packets)	2
Heinz Strained Foods.	(Tins)	135
Baked Beans.	"	182
Butter Beans.	"	30
Assorted Soups.	"	566
Spaghetti in Tomato.	"	280
Vegetable Salad.	"	8
Sweetcorn.	"	41
Green Peas.	"	36
Mixed Vegetables.	"	24
Tomatoes.	"	6
Sliced Carrots.	"	3
Beetroot.	"	6
Mushrooms.	"	3
Tomato Juice.	"	33
Cavias.	(Jars.)	264
Cocktail Onions.	"	5
Pickles.	"	33
Pickled Cucumbers.	"	31
Chef Sauce.	(Bottles)	24

Cocosan.	(Bottles)	19
Assorted Jams.	(Tins)	29
Melon Jam.	"	30
Youngberry Jam.	"	14
Guava Jam.	"	106
Apricot Jam.	"	46
Marmalade.	"	37
Lemon Curd.	(Bottles)	28
Gooseberries.	(Tins)	145
Assorted Fruits.	"	469
Fruit Salad.	"	14
Pears.	"	47
Plums.	"	113
Guavas.	"	31
Prunes.	"	108
Grapes.	"	60
Grape Fruit.	"	41
Strawberries.	"	229
Youngberries.	"	21
Quinces.	"	17
Peaches.	"	5
Apricots.	"	3
Solid Pack Apples.	"	1,078
Pie Apples.	"	939
Pineapple Chunks.	"	3
Orange Juice.	"	16
Rhubarb.	"	14
Pears.	(Trays)	80
Grapes.	"	80

The following foodstuffs were submitted for laboratory examination during the year :-

- 1 tin Crayfish.
- 2 tins Cocktail Shrimps.
- 2 tins Dressed Crab.
- 1 tin Fish paste.
- 45 portions of Minced Meat.
- 68 portions of Sausages and Polonies.
- 9 Aerated Waters.
- 6 Fruit Cordials.
- 17 Frozen Lollies.

Dairies and the Supervision of Milk Supplies.

All milk dairies situated outside the City boundaries are controlled by and registered with the Dairy Division of the Federal Ministry of Agriculture.

The City Health Department is responsible for the licensing and control of dairy premises situated within the Municipal Area, and for the bacteriological and chemical quality of all dairy produce sold or introduced into the Municipality for processing preparatory to sale.

The position in regard to milk supplies may be said to be satisfactory. It was reported last year that there were no conveniently situated depots from which the public could purchase milk, this position no longer obtains as during the year numerous milk depots have opened, for the most part the firms concerned operate their milk depots as a subsidiary to their other activities.

During the year, 1,096 samples of dairy produce were submitted to the laboratories for examination, during the corresponding period last year, 693 samples were taken, in 1952/53 a little over 300 samples were taken.

The milk as supplied to the public is of a high standard and the position during the year has been most satisfactory.

It is pleasing to report that as a result of the Department's efforts in sampling for bacterial content and writing admonitory letters to defaulters, the position in regard to main dairy suppliers has improved as is shown by the following table :-

<u>1953/54.</u>			<u>1954/55.</u>		
<u>Satisfactory.</u>	<u>Unsatisfactory.</u>	<u>Total.</u>	<u>Satisfactory.</u>	<u>Unsatisfactory.</u>	<u>Total.</u>
298	172	470	489	187	676

Over two hundred more samples were taken with the ratio of satisfactory samples increasing by over ten per cent.

The results of bacteriological and chemical tests on milk as supplied to the public were as follows :-

	<u>Satisfactory.</u>	<u>Below Standard.</u>	<u>Total.</u>
Phosphatase.	154	2	156
Chemical.	49	-	49

The position that the City's milk supply virtually emanates from the one dairy remains unchanged, as does the fact that to all intents and purposes the whole supply is pasteurized.

Five prosecutions were instigated for contravention of the Dairy Regulations.

Malarial Control.

Due to a fairly heavy rainy season, Anopheline mosquitoes were prevalent in the City from January to March.

In the Municipal area, all streams, vleis, borrow pits and other places where Anopheline mosquitoes were likely to breed, were sprayed every week with larvicides, oil being used chiefly.

The suburbs where mosquitoes were most prevalent, are situated on the outskirts of the City. This is rather significant, as it is doubtful to what extent Malarial control measures are carried out beyond the Commonage boundaries if any, it being possible therefore, that many of the mosquitoes complained of emanated from outside the City boundaries.

Apart from the Malaria /-

Apart from the Malaria vector *Anopheles Gambiae* which was found breeding in a road drain at Hillside, all mosquito larvae collected by this Department and mosquito adults received from the public were identified as the harmless species, the most common being *A. Coustani*, *A. Squamosus*, *A. Rufipes* and *A. Marshalli*.

The construction of new stormwater drains by Council has helped considerably to remove Anopheline breeding places during the past year.

Bilharzial Control.

A large number of snails were collected from the numerous streams, vleis and brickfield excavations in the Municipal area during the year, and submitted to the Research Laboratory for identification and examination. "Physopsis" and "Planorbis" which are the common hosts of the Bilharzial parasite, were not as numerous as the harmless types. The Laboratory reports revealed the presence of human cercariae in two collections.

All areas were thoroughly treated with copper sulphate and a check carried out for snails followed by further treatment where necessary. It is safe to say that these areas were free from snails after this treatment which was completed by the end of each school term.

Fly Control Measures.

In order to control flybreeding and reduce the number of adult flies in the City, this Department carries out regular spraying of the Municipal refuse tip with arsenite of soda and bi-weekly baiting of adult fly traps which are kept at Municipal properties likely to attract flies. During the Polio outbreak refuse bins and recesses in the business area were sprayed with insecticide. Members of this Department also carry out regular inspections in all parts of the City for the purpose of enforcing measures to prevent fly breeding.

Probably one of the contributing factors to the presence of flies in the City in the past has been the Agricultural Show, when approximately 1,000 animals are housed at the Showgrounds near the centre of the City for a week. Strict control measures are being enforced by this Department at the Show with the result that the fly position during and after the Show appears to have been improved considerably during the past year.

Water Supplies.

The customary high standard of purity of municipal water supplies was maintained throughout the year, evidenced by regular weekly sampling.

Building and Drainage Plans.

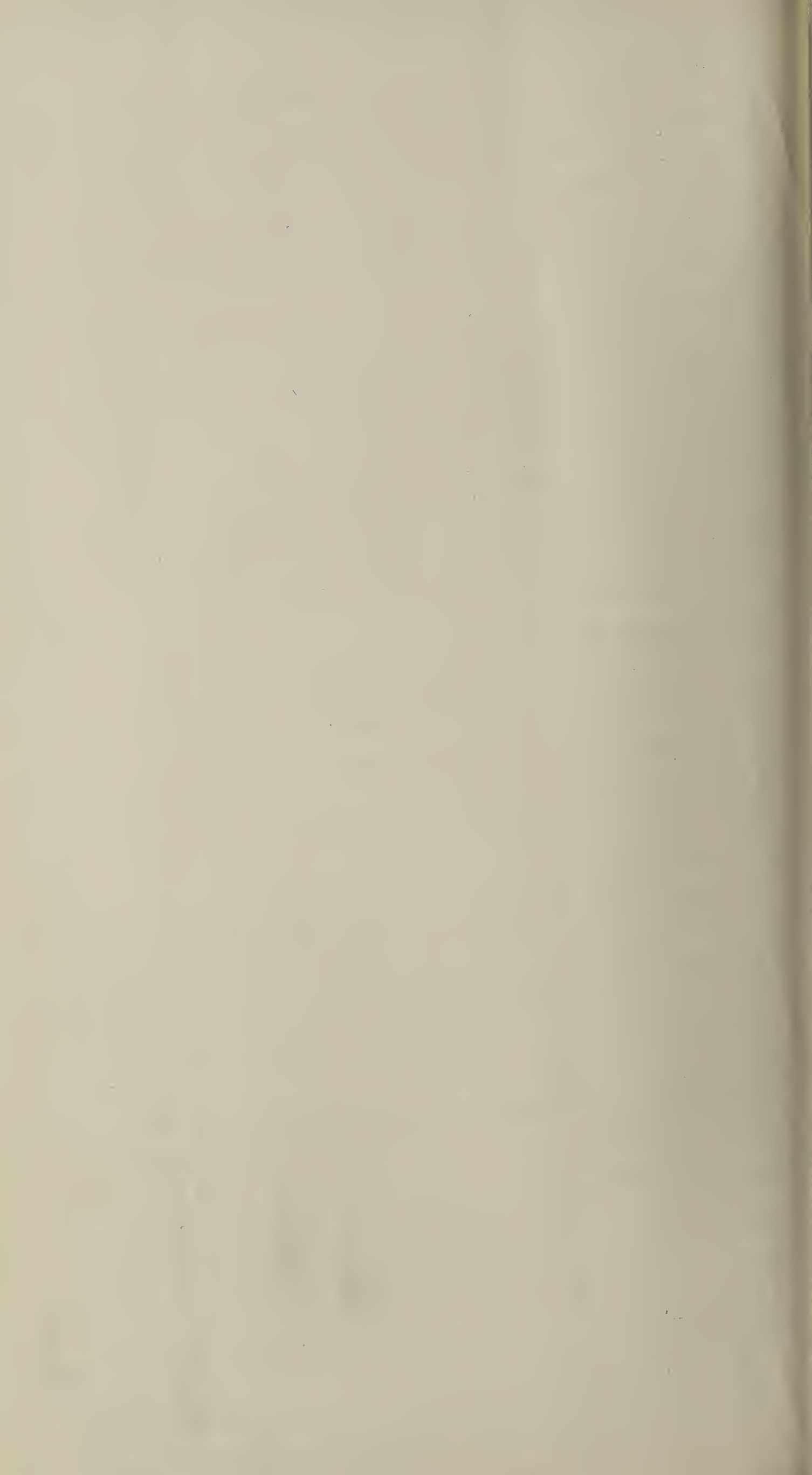
During the year 1,262 Building Plans were examined in regard to matters of lighting, ventilation and sanitation. Architects frequently consult the Department in regard to matters of sanitation, refuse storage and the various food premises.

Smoke Abatement.

As previously reported this is an increasing problem due to the expansion and industrialisation of the City.

Bye-laws which will more effectively deal with the problem have been

submitted to Central Government /-.



submitted to Central Government and have been the subject of discussions with the responsible Minister, who at the interview stated the question of the promulgation of these Bye-laws will receive his further consideration.

The Department is satisfied that the present legislation in terms of the Public Health Act is inadequate because of its lack of specificness; and to adequately control the position definite standards in regard to smoke emission are essential.

Inspections carried out by the Inspectorate Staff.

1. Special Inspections.

Aerated Water Factories.	143
Bakeries and Sweet Factories.	448
Barbers and Hairdresser's Shops.	436
Butcheries.	1,190
Dairies, Milk Depots and Ice Cream Factories.	224
Foodstalls and Street Food Vendors.	1,995
Fruit and Vegetable Dealers.	1,568
General Dealers.	6,092
Hotels and Boarding Houses.	349
Keeping of Animals.	345
Laundries and Laundry Depots.	137
Native Eating Houses.	429
Offensive Trades, Fish Mongers etc.	388
Restaurants and Tea Rooms.	819
Factories (General)	952
Dwellings.	19,797
Miscellaneous.	5,893

2. Inspections for Licensing.

Aerated Water Factories.	53
Auctioneers.	5
Authorised Sellers of Drugs and Poisons.	6
Bakeries.	127
Bakers' Sale Shops.	68
Bars.	5
Bottle Stores (Retail)	69
Bottle Stores (Wholesale)	9
Butcheries.	284
Clubs.	5
Dairies, Milk Depots & Ice Cream Factories.	39
Foodstalls and Food Vehicles.	430
Fish Mongers and Fish Frier's Shops.	185
Fruit and Vegetable Dealers.	552
General Dealers.	681
Gunpowder and Firearms Dealers.	2
Hairdressers Shops.	167

Hawkers Premises.	40
Hotels and Boarding Houses.	185
Laundries and Laundry Depots.	106
Native Eating Houses.	124
Restaurants and Tea Rooms.	311
Sweet Factories.	7
Wholesalers Premises.	289
Premises for the Keeping of Animals.	15
Native Quarters.	269
3. <u>Night and Early Morning Inspections.</u>	184
4. <u>Infectious Disease Investigations.</u>	201
<u>Total Number of Inspections.</u>	45,623
<u>Details of Inspections.</u>	
Dampness.	86
Demolitions.	103
Disinfestations.	461
Lighting and Ventilation.	400
Overcrowding.	273
Painting and Cleansing.	440
Repairs to Drainage.	228
Repairs (General)	363
<u>Nuisances.</u>	
Closets and Urinals.	1,143
Drainage.	293
Flies.	141
Manure.	38
Mosquitoes.	155
Refuse.	566
Septic Tanks.	38
Smoke.	20
Waste Water.	368
Vacant Stands Overgrown.	161
Unspecified.	1,005
Food Protection (contraventions).	762
Complaints Dealt with.	625
<u>Notices Served.</u>	
Statutory	714
Others.	1,115
<u>Matters referred to other Departments:</u>	
<u>Director of Native Administration.</u>	
Native Families on Premises.	14
Unauthorised Native Compound.	1
Fly breeding.	1

City Valuator and Estates Manager.

Overgrown Stands.	2
Insanitary Premises.	2
Connecting to the Sewer.	1

City Engineer.

Overgrown Stands.	2
Stormwater Drains Choked.	3

City Electrical Engineer.

Overgrown Stand.	1
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Building Plans Examined.	1,262
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Application for Licences.

Aerated Water Factories.	7
Auctioneers.	2
Authorized Sellers of Drugs and Poisons.	4
Bakeries and Sweet Factories.	22
Boarding Houses.	16
Butcheries.	33
Dairies, Milk Depots, Ice Cream Factories.	14
Fish Mongers and Fish Friers.	25
Foodstalls and Street Food Vendors (Europeans)	52
" " " " " (Natives)	29
Fruit and Vegetable Dealers.	125
General Dealers.	336
Gunpowder and Firearms.	2
Hairdressers.	54
Hawkers.	23
Hotels.	7
Ice Factories.	5
Laundries and Laundry Depots.	13
Native Eating Houses.	16
Restaurants and Tea Rooms.	39
Wholesalers.	161
Keeping of Animals.	6
Slaughter House.	1

Applications for Liquor Licences.

Bars.	7
Bottle Stores (Retail)	21
Bottle Stores (Wholesale)	9
Clubs.	14
Hotels.	6
Restaurants.	6

Sampling of Foodstuffs.

Municipal Water Supply.	208
Municipal Swimming Bath Water.	35
Borehole Water.	8
Well Water.	5

	<u>Satisfactory.</u>	<u>Below Standard.</u>	<u>Total.</u>
<u>Pasteurised Milk.</u>			
Phosphatase Test.	154	2	156
Methylene Blue Test.	92	1	93
Chemical Analysis.	49	-	49
<u>Fresh Milk.</u>			
Coliform Test.	204	139	343
Methylene Blue Test.	285	58	343
Chemical Analysis.	3	-	3
<u>Ice Cream.</u>			
Plate Count Test.	31	22	53
Chemical Analysis.	30	1	31
Cream (Chemical)	7	-	7
Butter "	9	-	9
Cheese "	9	-	9
Mince Meat (Chemical)	45	-	45
Sausages, Polonies (Chemical)	67	1	68
Aerated Waters. "	8	1	9
Fruit Cordials. "	6	-	6
Frozen Lollies (Bacteriological)	9	8	17

PROSECUTIONS:

Public Health Act.

- Overgrown Stand - Court Order to cut the grass and clean the stand.
- Overgrown Stand - Court Order as above.
- Dirty Native Closet - Failure to comply with Court Order to clean. Fined £5.
- Overgrown Stand - Work carried out. Case withdrawn.
- Waste water deposited in the street. Nuisance abated. Case withdrawn.
- Dirty yard. Yard cleaned. Case withdrawn.
- Fly larvae in garden compost and manure. Court Order to prevent recurrence of the Nuisance.
- (a) Choked Drains.)
(b) Garden refuse on pavement.)
(c) Insanitary Native quarters.) Complied with. Court order to prevent a recurrence.
- Flybreeding in Compost heap. Cautioned and discharged.
- Razor blade in bottle of mineral water. Fined £5.
- Native Closet in an offensive condition. Fined £6. for not carrying out Court Order, and £5. for non attendance in Court.
- Insanitary Native Quarters. Case dismissed as quarters had been demolished.
- (a) Defective water closet pan. Court Order to renew within one week.
(b) Overcrowded Native Quarters. Court Order to cease overcrowding within two months.
- Rubbish in the yard, waste pipe choked, native quarters bug infested. Work carried out. Case withdrawn.
- Insanitary Native Quarters, and use of a Kitchen as native quarters. Court Order to put quarters in a habitable condition within sixty days.

16. Insanitary Native closet. Nuisance abated. Case withdrawn.
17. Choked water closets. Choke cleared. Case withdrawn.
18. Defective Drains. Failure to comply with Court Order. Work carried out. Case withdrawn.
19. Repairs to Native Quarters and Closet. Work done. Case withdrawn.
20. General insanitary conditions. Closets, yard, native quarters. Premises put in order. Case withdrawn.
21. Overgrown Stand causing insanitary condition. Court Order to clean within twenty eight days.
22. Dirty condition of Stand and closet. Court Order to clean within twenty eight days.
23. Mouse in loaf of bread. Admission of guilt. £10.

Bye-laws.

(a) Street Food Vendors.

1. Trading without a licence. Admission of guilt £2.
2. Area around the Foodstall littered with rubbish. Admission of guilt. £1.
3. Rubbish around Foodstall. Admission of guilt £1.
4. Rubbish around Foodstall. Admission of guilt £1.
5. Rubbish around Foodstall. Admission of guilt £1.
6. Employee wearing dirty overalls. Admission of guilt £1.
7. Employee not wearing overalls. Cautioned.
8. Trading without a licence. Fined £10.
9. Trading in a non-scheduled area. Cautioned and ordered to move the foodstall.
10. Area adjoining foodstall littered with rubbish. Admission of guilt £1.
11. Trading in a non-scheduled area. Admission of guilt £1.
12. Trading without Authority. Deposited £1.
13. Trading in a non-scheduled area. Case withdrawn; ceased trading.
14. Refuse deposited around foodstall. Admission of guilt £2.
15. Refuse around foodstall. Admission of guilt £2.
16. Refuse around foodstall. Admission of guilt £2.
17. Refuse deposited around foodstall, no name on the foodstall, employee not wearing overalls. Admission of guilt £3.

(b) Bakers.

1. Delivery boy not wearing overalls. Admission of guilt £1.
2. Delivery boy not wearing overalls. Admission of guilt £1.
3. Delivery boy wearing dirty overalls and delivery van dirty. Admission of guilt £2.
4. Dirty delivery van and overalls. Admission of guilt £1.
5. Failing to plaster section of internal wall surface and provide a dust proof ceiling. Admission of guilt £1.
6. Selling bread under unhygienic conditions. Admission of guilt £1.

(c) Butchers.

1. Meat not properly wrapped. Admission of guilt £2.
2. Meat not properly wrapped. Admission of guilt £2.

(d) General /-

(d) General.

1. Carrying on a Laundry without a licence. Fined £1.
2. Refuse deposited in the street. Admission of guilt £1.
3. Keeping wearing apparel in Ice Factory. Fined £1.
4. Dirty and defective delivery basket. No overalls worn by food delivery boy. Admission of guilt £4.
5. Refuse deposited in a stormwater drain. Case dismissed as evidence incomplete as regards author of the nuisance.
6. Failing to remove an accumulation of refuse. Admission of guilt £1.
7. Flybreeding. Admission of guilt £2.
8. Flybreeding. Admission of guilt £1.
9. Flybreeding. Case withdrawn as bin provided for storage of manure.
10. Failing to provide Contractor's closets. Admission of guilt £5.
11. Failing to provide Contractor's closets. Admission of guilt £5.
12. Failing to provide Contractor's closets. Admission of guilt £5.
13. Failing to provide Contractor's closets. Admission of guilt £5.
14. Failing to provide Contractor's closets. Admission of guilt £5.
15. Insanitary Contractor's closet. Admission of guilt £5.
16. Failing to provide Contractor's closet. Cautioned.
17. Failing to provide Contractor's closet. Case withdrawn as closets provided.
18. Failing to provide Contractor's closet. Case withdrawn as closets provided.
19. Dirty wash up sink, drains choked, waste water in the yard, dirty Native room. Cautioned and discharged.

Dairy Regulations.

1. Cream below standard. Cautioned and discharged.
2. Ice Cream below standard. Admission of guilt £5.
3. Trading from an unregistered dairy. Fined £5.
4. Bottles of milk containing foreign bodies. Case dismissed, no proof of sale.
5. Supplying Goats Milk. Case dismissed, no proof of sale.

INSPECTIONS CARRIED OUT IN HARARE TOWNSHIP.

Dwellings (Harare Township)	5,995
Dwellings (Mabvuku Township)	358
Butchers' Shops.	448
Foodstalls.	876
Fruit and Vegetable Dealers.	909
General Dealers.	885
Markets.	274
Hairdressers' Shops.	36
Native Eating Houses.	80
Miscellaneous.	820
Infectious Diseases Investigations.	75

Nuisances.

Dampness.	34
Disinfestation.	422

Closets.	166
Drainage.	32
Flies.	7
Manure.	30
Mosquitoes.	16
Refuse.	3,265

CLEANSING SERVICES:

Considerable expansion takes place in these services yearly, as the work of cleaning streets and removing refuse expands in exact proportion to the City's growth.

For the first time in Salisbury's history the streets in the business area were washed from street hydrants at frequent intervals throughout the dry season, this work is done every night except Sunday, and without question this operation has improved the appearance of the streets.

During the year 287 complaints were attended to, 219 letters and notices were sent out and 378 dead animals were removed.

Investigation of complaints regarding refuse and nightsoil removals revealed the only 11 refuse and 15 nightsoil complaints were actually justified.

